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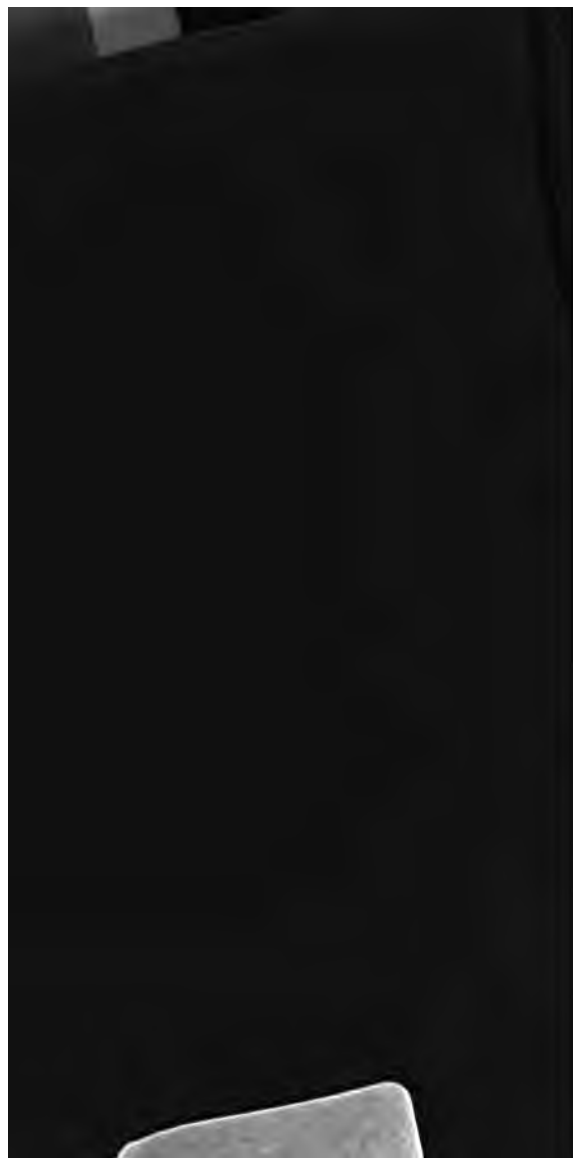
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CURABILITY OF CATARACT
WITH
MEDICINES.

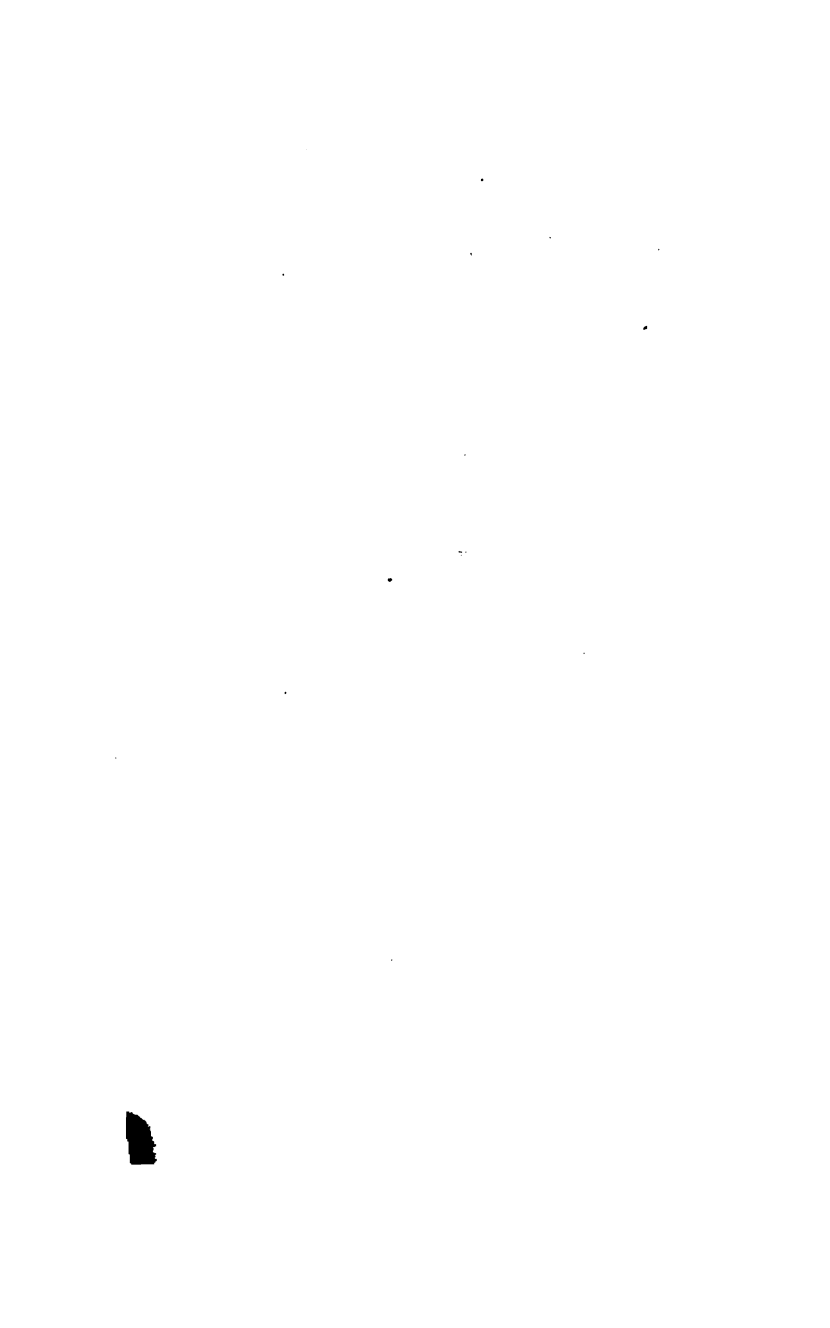
BY
J. COMPTON BURNETT, M.D., F.R.G.S.







**CURABILITY OF CATARACT
WITH MEDICINES.**



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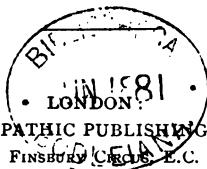
BY

JAS. COMPTON BURNETT, M.D., F.R.G.S.

*Editor of the "Homœopathic World;" Author of
"Natrum Muriaticum as Test of the Doctrine
of Drug Dynamization"; "Gold as a
Remedy in Disease," etc.*

"The patient must wait till the Cataract is ripe. He must wait till he has gone slowly, without doing anything, through all the moral suffering of getting blind, in order to try and get his sight again! How deficient is a treatment which can only begin at the time when it should have been ended!"

MALGAIGNE.



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PREFACE.

THE subject of the medicinal treatment of cataract has occupied my mind at odd intervals for several years, and having, in general practice succeeded in curing, or ameliorating a few cases of this malady, I have, after much hesitation, determined upon the publication of this volume.

My original intention was to write nothing on the subject until I could prove the curability of cataract by

an extensive experience and a consequent array of facts likely to convince the ophthalmic surgeons themselves; but mindful of the fact that the pretension of being complete too often results in sterility, I have decided to delay it no longer.

In magnis voluisse sat est

J. C. BURNETT.

4, HARLEY PLACE,

HARLEY STREET, LONDON, W.

November, 1879.

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Curability of Cataract

WITH MEDICINES.

CHAPTER I.

THE limits of the curable and of the incurable are not represented by any fixed lines ; what is incurable to-day may be curable to-morrow, and what we all of this generation deem incurable, may be considered very amenable to treatment in the next generation.

When walking the hospitals years ago

I was taught, in respect of cataract, that there was nothing for it but an operation ; a few months since, I spent a little time at an excellent metropolitan hospital for the eye, and found that that is still the one thing taught, viz., if you have a cataract, there is no hope for you beyond that of getting blind, and then trying to get your sight again by having the cataractous lens removed.

On the twenty-eighth of May, 1875, I was sent for to see a lady suffering from acute ophthalmia. She informed me that her friend, Dr. Mahony, of Liverpool, had recommended her to try Homœopathy when she should again require medical aid, and had also mentioned my name to her. She seemed rather ashamed of calling in the aid

of a disciple of Hahnemann, and was very careful to lay all the blame upon Dr. Mahony: for, said she, I know nothing about it. My patient was in a darkened room, and hence I could not well see what manner of woman she was; but I soon learned that she was the widow of an Indian officer, had spent many years in India, where she had had ophthalmia a great many times, and that she was in the habit of getting this ophthalmia once or twice a year, or even oftener ever since. It generally lasted several weeks, and then got better; no kind of treatment seemed to be of any great avail. Did I think Homœopathy would do her any good? I replied that we would try it.

I made an attempt at examining the

eye, by lifting up one of the laths of the venetian blind to let in the light, and then everting the lid; but the photophobia and consequent blepharospasm were so great that I barely succeeded in recognising that the right eye was a red, swelled mass, while the left one was only comparatively slightly affected, in fact, a case of panophthalmitis. A more minute examination was impossible, as the pain was so great that the patient screamed whenever any light was let into the eye. I took a mental note of the chief symptoms, notably, of the fact that the inflammation was chiefly confined to the right eye, and went home and worked out the homœopathic equation; I was specially anxious to make a hit, and so I spent about

half an hour at the differential drug-diagnosis. The drug I decided upon was phosphorus. Thus—

R Tc. Phos. r. m xij. Sac. lac. q. s.
Div. in p. æq. xij.

S. One in a little water every hour.

That would be *about* the one-hundredth part of a grain of phosphorus at a dose, or rather less.

I called the next day, about eighteen hours thereafter, and my patient opened the door herself, slightly screening her eyes with her hand, and quite able to bear a moderate amount of light. The inflammation was nearly gone; the next day it was quite gone.

Patient's amazement was great indeed; in all the twenty years of these ophthalmic attacks she had suffered

much, and had had a number of doctors, including London oculists, to treat her, but to no purpose. And yet she had been treated *actively*, and there had been no lack of physic and leeches, and also no lack of medical skill ; but there was lacking in their therapeutics the one thing needful . . . THE LAW OF SIMILARS.

How was it that I, with no very *special* knowledge of the eye or of its diseases, and with only usual practical experience, could thus beat skilled specialists and men of thrice my experience ?

Was it, perhaps, greater skill, deeper insight into disease, more careful investigation of the case ? By no means . . . It was just the law of similars, patiently carried out in practice.

My dear allopathic *confrères*, WHY are you so very simple that you leave us homœopaths with this enormous advantage over the *best* of you? Any little homœopathic David can overcome the greatest allopathic giant if he will only keep to his *Materia Medica*, and the *directions of Hahnemann*. And the good thing lies so near, and is so constantly thrown at you. If we homœopaths were only to make a secret of our art, you would petition the Government to purchase it of us!

But—*revenons à nos moutons*. My patient was naturally very grateful, and said, “If that is homœopathy, I wonder if it could cure my cataract?” On examining the eyes now with some care one could readily perceive that there

were opacities behind the pupils, that of the right being the much more extensive. She then informed me that she had had cataract for some years, and was waiting for it to get ripe so as to undergo an operation. She had been to two London oculists about it, and they agreed both as to diagnosis and prognosis and eventual operative treatment. She had waited a year and gone again to one of these eye-surgeons and been told that all was satisfactorily progressing, although but slowly ; it was thought it might take another two years before an operation could be performed. Her vision was also getting gradually worse, and she could not see the parting in her hair at the looking-glass, or the names over the shops, or

on the omnibuses in the street ; could see better in the dusk than in broad daylight.

In answer to her question as to the curability of cataract with medicines, I said I had no personal experience whatever on the subject, beyond one case,* and I thought that from the nature of the complaint, one could hardly expect medicines to cure it, or even affect it at all. Still some few homœopaths had published such cases, and others had asserted that they sometimes did really succeed in curing cataract with homœopathic treatment. I added that, incon-

* This was the case of a lady of 78 years of age, with senile cataract, in which *Calcarea* 30, and *Silicea* 30, had been given with apparent benefit.

ceivable as it was to me, yet I had no right to question the veracity of these gentlemen, simply because they claimed to do what *seemed* impossible.

In fine, I agreed, at patient's special request, *to try to cure her cataract with medicines given on homœopathic lines!*

I must confess that I smiled a little at my own temerity. But I consoled myself thus: What *harm* could it do to treat her while she was waiting to get blind? At the worst I should *not* prevent it!

So it was agreed she should report herself every month or so, and I would each time prescribe for her a course of treatment.

All this was there and then agreed to.

She took from May 29th to June

19th, 1875, *Calcarea Carbonica* 30, and *Chelidonium* 1. One pilule in alternation 3 times a day. Thus she had two doses of the *Calcarea* one day, and one the next, and conversely of the *Chelidonium*.

There were indications for both remedies, though I cannot defend the alternation ; I hope I alternate less frequently now.

Then followed *Asa foetida* 6, and *Digitalis Purp.* 3.

Then Phosphorus 1, and subsequently Sulphur 30, and then *Calcarea* and *Chelidonium*.

Thus I continued ringing the changes on Phosphorus, Sulphur, *Chelidonium*, *Calcarea Carbonica*, *Asa foetida*, and *Digitalis*, till the beginning of 1876.

On February 17th, 1876, I prescribed *Gelseminum* 30 in pilules, one three times a day; this was continued for a month.

Then I gave the following course of drug treatment:—*Silicea* 30 for fourteen days; *Belladonna* 3 for fourteen days; Sulphur 30 three times a day for a week, and then Phosphorus 1, for a fortnight.

A month or so after this date, March 20th, 1876, I one morning heard some very loud talking in the hall, and my patient came rushing in and crying in quite an excited manner that she could see almost as well as ever. She explained that latterly she *seemed* able to discern objects and persons in the street much better than formerly, but

she thought it must be fancy, but that morning she suddenly discovered that she could see the parting in her hair, and she at once started to inform me of the fact, and, *en route*, she further tested her vision by reading the names over the shops, which she previously could not see at all.

I ordered the same course of treatment again, and in another two months the lenticular (*or* capsular) opacities completely disappeared, and her vision became and remained excellent.

She never had any recurrence of the ophthalmia, and she remained about a year and a half in my neighbourhood in good health; she then went abroad again, and in her letters to her friends since, she makes no mention of her eyes

or sight, and hence I fairly conclude that she continues well.

The patient's age is now about 50 or 51.

I have detailed this case somewhat circumstantially, so that my conversion to a belief in the medicinal curability of cataract may appear to others as it does to me.

This case made a considerable stir in a small circle, and a certain number of cases of cataract have since come under my care in consequence, and the curative results I have obtained in their treatment are extremely encouraging. Be it noted that the diagnosis of cataract was made by two London oculists.

This case has led me to look up the literature of cataract a little, to see what

others have said and done on the same subject ; and in treating various cases of cataract, I have been often moved to a consideration of the true nature and origin of this affection, and on these points some few thoughts will not be out of place by-and-bye.

In consequence of this cure of cataract with medicines, I began, as just stated, to look about in our literature to see what others had done. Here is what I found :—

CHAPTER II.

IN the “British Journal of Homœopathy” for 1847, Vol. V., p. 224 *et seqq.*, there is a very able article on this

subject by the late Dr. Henry V. Malan. This writer considers the primary cause of cataract to be a psoric taint in the constitution, and asserts that all constitutional cataracts are from a psoric cause.

This, of course, does not apply to traumatic cataract, and not necessarily to those of inflammatory origin.

Dr. Malan continues . . . "Many circumstances accompanying the formation of the cataract render the surgical treatment, if left to itself, either impossible or most difficult ; for that reason the attempt has frequently been made to find a medical one. According to Vidal de Cassis (*Pathologie Externe*, Paris, 1840), none have been found, except in some rare cases, and then

only for the inflammatory and recent cataracts. The French surgeon Velpeau, corroborates this statement, and tells us that some cures have been made by revulsives to the skin, setons, moxas, etc., and that 'it is only by revulsion that the cures of some cataracts in their infancy have been made; but that these cures, after all, are only the exceptions; old cataracts of the capsule, or of the lens, must always be operated on.'

"Here I (Malan) differ. The general opinion entertained on this point is not mine. I shall try to point out, in a few remarks, my reason for differing, and shall endeavour to be concise.

"We have seen that for cataract, as for many other similar states of the human body, no better treatment has

been, to this day, found, than surgical operation ; we shall see, also, that in many cases these means prove useless ; in others they are injurious, and often they might, with much advantage, be exchanged for Homœopathic treatment.

“I have said that surgical operation often proves *useless*. It is the case when the cataract is a constitutional disease ; if the general health be not improved, and the disease arrested and cured by previous internal and rational treatment, the removal of the diseased organ will not cure the process of the malady any more than plucking rotten fruit from off a tree, because it is the only one as yet decayed, will remove the internal cause of disease in the tree.

Too often, however, are surgical operations made on quite a similar mode of proceeding, and are, to say the least, useless. This applied to the case of cataract will explain why internal treatment will often be most beneficial.

“I said also that surgical operations were sometimes *injurious* to the general state. How often, for the same reason mentioned above, is the removal of an organ, visibly more affected than the others, really injurious to the whole body, as the internal disease, finding its outlet cut off, will often burst out in weaker but more essential organs, and by this inroad into the constitution bring on rapid and inevitable death.

“In other cases, I have said that surgical operation might, with advantage,

be *exchanged for Homœopathic treatment.*

It is often so in the complete and ripe cataract, though, generally speaking, surgical operation is not injurious to it, and often cures the affection when the *internal* process which caused the cataract has ceased, and then this morbid product stands as an inorganic mass, and in the way of the functions of the organ. Even in this most favourable case, however—the only one in which surgical operation ought to be permitted—it can often be, with much advantage, exchanged for Homœopathic treatment.

“No medicine or internal treatment has, as yet, been of any avail in confirmed and ripe cataracts; this was left for better days in medical science, and Homœopathy has given us means of

cure which were totally unknown before. I do not mean to say, be it well understood, that Homœopathy will entirely supersede surgery, and that we are not to trust this latter means, or ever employ it—no ; but I wish to draw attention to these three remarks only:—that, 1st, in many cases, Homœopathy will cure, completely cure, real cataracts, even old and ripe ones ; 2ndly, in many more it will prevent the progress of the cataract in the other eye, when as yet only one is affected ; 3rdly, that if it does not always succeed in curing, it will always prepare the whole constitution for the surgical operation, prevent inflammatory accidents after it, and secure its success.

“ This part of medical treatment has

been, to this day, too much neglected because, to our eyes, this more or less ex-organic body seemed not fit for medical treatment, and because our ears have been accustomed to hear that surgical operation only is of any use, we have left aside the internal treatment, which will often be crowned with far more success than is generally expected. Not the least process in the human body, morbid or natural, can take place without the whole constitution taking some part in it. We cannot expect that an organ of the body, be it ever so small, can become affected quite independently of the organism, but rather that it becomes affected in consequence of a morbid process existing, though not seen, in the organism itself. I am

as far from admitting such confined notions, as I would be right to admit that the very same organ has no common tie with the rest of the body, and is not one constituent part of it, by its nerves, its vessels, and all its texture.

“ If, therefore, one part of the body is diseased, we must not direct our treatment to it solely, and use what is called local treatment alone. We must act on the whole constitution in the same way as we would direct our attention to the whole tree when it bears decayed fruit. In this case, and for this very simple reason, it is not only advisable, but necessary, to have internal general treatment, and this way of attending to disease will prevent many a failure, and the harm which might ensue

from local treatment. In a case of cataract, therefore, the whole constitution must be acted upon, as in all similar diseases. Our *Materia Medica* has many a remedy against such a state."

The remedies reckoned the most important by Dr. Malan are sulph., silic., caust., cann., phosph., calc., and conium.

The cause is *psora*; the remedies principally antisporics.

Accidental symptoms to be removed by apsorics.

He concludes . . . "It is not possible to say that, in this or that species of cataract, this or that remedy will cure. The *tout ensemble* of the symptoms must always decide us in the choice of the

remedy ; and, in all cases, no second remedy is to be given before the first has exhausted its action."

Ist mir alles wie aus der Seele gesprochen.


Dr. Malan's cases :—

CASE 1. In the spring of 1841, a lady of about sixty years of age applied for Homœopathic treatment, and came to my notice under the following circumstances : She had for two or three years past gradually lost the sight, first of one eye, and then of the other—both affected with cataract, now complete—and had for some months previous entirely lost her sight. Monsieur Maunoir, whose name is authority in such matters, had advised the operation to be made as soon as the season was favourable ; he

considered the case to be one of complete and ripe cataract of the lens. However, the lady being strongly advised by her friends to apply to Homœopathy, and as she could not better employ the intermediate time until the operation could take place, she called in an old Homœopathic practitioner, whom I joined later. He prescribed *Silic.*, then *Cann. sat.* and then *Sulph.*, and the cataract improved so rapidly that the patient, after a few months' treatment, travelled to a distant country, Russia, from whence she wrote to me that, her sight having still continued to improve, she was now enjoying it as completely as she could ever expect at her age.

CASE 2. In November, 1844, a man of strong constitution and lymphatic

temperament, fifty-one years of age, applied to me under the following circumstances :—He had had cataract of the right eye, ripe for some years, and one of the left, which had been ripe only a few months. Mons. Maunoir had operated on the right eye three times, but without any success ; the third operation took place four weeks before applying to me. Ever since, the patient had suffered from a violent inflammation of the whole eye ; the sclerotica was much injected, the cornea opaque ; there were great photophobia, a constant discharge of tears, and complete loss of sight. Besides, the eye-ball had partially emptied itself, the patient had lost his appetite ; there were great thirst and much fever.



I prescribed Aconite ($\frac{1}{5}$) pulv. ij., and next day *Bell.* ($\frac{2}{30}$), a teaspoonful three times a day until amelioration.

On the 15th of November there was a great change, but the cornea remained opaque, the eye-ball partly shrunk, and the patient was made aware of the complete loss of that eye. *Merc. sol.* ($\frac{3}{15}$).

On November 22, all the inflammatory symptoms of the right eye had disappeared; the left one presented a thick whitish opacity of the lens; the pupil was dilated, but mobile. The patient had certainly lost the sight of the right eye, and with the left he could only distinguish day from night, but was unable to guide himself. He was led about by his servant. *Sulph.* ($\frac{3}{30}$) was given dry on the tongue.


On December 7, there was much amelioration, even of both eyes ; the opacity of the right one had sensibly diminished in appearance ; he could distinguish the fingers of the hand interposed between him and the light ; and with the left eye he could distinguish the difference between some coins. Nothing was given.

On December 25, amelioration continued in the left eye, the right remaining in the same state. He went about to his affairs, drove his own gig, and attended to all his business. *A pustular eruption, accompanied with much itching, covered the whole body.* He was given *Cann.* ($\frac{3}{15}$), and the sight continued to improve until he left off treatment as he thought himself far enough recovered to need no further medical care. I met

with the patient seven months afterwards; he was still enjoying his sight and health.

It is much to be regretted that Dr. Malan does not give a minute account of both eyes at this period; still, the evidence of curative drug action cannot be contested. Note well the sentence in italics.

CASE 3. December 21, 1844. A man of forty-two years of age, living in the country, of bilious temperament, thin, and who had suffered much from headaches, applied to me. He complained, for the previous six years, of a whitish hard cataract of the lens of the left eye, and had for some years past completely lost the sight of that eye. He had the itch twenty years ago, and kept it three months.




Sulph. ($\frac{3}{30}$) removed chronic headaches and an inflamed state of the eyes.

January 23, *Silic.* ($\frac{3}{30}$) was given. Not much change occurred till *Sulph.* ($\frac{3}{30}$) was repeated. On the 24th of February *a violent itching came on, particularly when undressing at night; and all over his body an eruption of small pustules ensued.* From that time the eye began to amend. He could distinguish the fingers of the hand, and gradually see objects more clearly; but having left the country I was unable to follow this interesting case.

Dr. Malan thus concludes:—"I know of other cases where the Homœopathic treatment proved most beneficial, but I object to mention those I have not myself witnessed.

“At this moment I have under my treatment a patient, who, for some years back, has had a cataract of the left eye. He has lost the sight of that eye for more than two years, and, when he came under Homœopathic treatment, the cataract of the right eye was fast progressing. Since that time, now fifteen months ago, the right eye has been very nearly stationary, though the bad state of the general health has been much in the way of its treatment. It is to be regretted that he did not apply to Homœopathy at an earlier period, but he was prevented from doing so by the advice of a Homœopathic practitioner. I mention this,—not to say that, contrary to this advice, Homœopathy will always cure the cataract, and that it will supersede surgery,—



but only in order to draw the attention of my colleagues to this part of practice too neglected. I feel assured that regular Homœopathic treatment will, if not *always* cure the cataract, yet do so in many cases ; in many more it will stop the progress of the disease in the constitution, and the development of the cataract in the other eye ; and in all cases where the operation must be resorted to, it will prepare the organism for the surgical operation, and prevent any danger attending it.

“The treatment of the cataract must, therefore, be first medical, and, *en désespoir de cause* only, surgical.”

This being Dr. Malan's experience, it must be admitted that he has at least

demonstrated the possibility of the medicinal cure of cataract.

That *all* cases are not amenable to medicinal treatment is not to be wondered at ; indeed, it cannot be said of all the cases of any ailment that they are curable with medicines, since some cases of common cold end fatally, even with the most skilful treatment, and yet we do not usually consider a cold to be a deadly malady.

The fact is, the eye is considered the exclusive province of the surgeon ; and so long as this idea remains there cannot be any great advance in the medicinal treatment of eye affections, and therefore not of cataract.

Everything is impossible until it is tried. At one time it was impossible

to heal an inflammation without blood-letting.

One very great drawback to the medicinal treatment of so-called surgical complaints is its difficulty as compared with mere knife-work, and then any one can appreciate a clever operator, but very few can appreciate the best work of the real physician, of which the effects can only be seen after many days.

The medical or surgical Hodge demands bulk, and obvious *immediate* effects; the sterile sceptic weens fertility impossible, since it is not in him; the weakling dreads any deviation from the trodden path, lest he be thought a medical dissenter, and you know dissent is not *comme il faut*.

The original dissenter must be a man of grain and grit. To be in the van is to be in an exposed position, and in the van of medical dissent involves misapprehension, and imputations of wrong or unfair motives. The man who advocates the medicinal treatment of anything authoritatively considered to lie solely within the province of the surgeon, must expect to be either ignored or tabooed at first; medical men constitute a trades-union, and they ill brook any independent thought or action.

I now give another case:—Mrs. McM., an intelligent lady of about sixty years, lost the sight of her right eye, and began to lose the sight of the left. She consulted several of the

best physicians of both schools of Philadelphia, who all pronounced it a cataract, and agreed that nothing but an operation would restore her sight. An old woman told her to apply the oil from a rabbit to the eye, which she did twice a day, and in six months it completely restored her sight, and removed all traces of cataract, so that she can read without glasses, which she had not done for many years. She complained of constant dryness in the eyes, which the oil removed, and this was the only peculiar symptom.—(W. Lovell Dodge, M.D., Philadelphia; "Hahnemannian Monthly," July, 1878, p. 648.)

What the oil from a rabbit may be I do not know. This is a curious case,

and perhaps of no great weight. Let some one with cataract try it.

Here is a further case :—

An infant that was born with cataract. *Sulph.* effected considerable improvement : a cure was finally completed by means of *Euphrasia* and *Lyc.*, which is recommended by Rummel. — (Jahr, "Forty Years' Practice," Hempel's Translation, New York, 1869.)

Jahr says further : " In this disorganisation (cataract) of whatever kind I have so far accomplished most with *Sulph.*, allowing the dose to act a long time. If the action of sulphur seems exhausted, I then commonly resort to *Calc.* and next to *Lyc.* with tolerable success. If these remedies do not help, I have given, with more or less success,

Magnes., *Cannab.*, and *Silic.*, and in the case of old people *Conium* 30, of which I cause a solution of six globules to be at the same time applied externally."

There is not much individualising here. *Tout comme chez nous !*

Dr. Angell, the eminent ophthalmologist of Boston, U.S., in his "Treatise on the Diseases of the Eye for the Use of General Practitioners," Boston, 1870, thus expresses himself on the medicinal treatment of cataract: "It does not seem improbable to me that in the course of time, we may find some reliable remedy, the administration of which before the lens-fibre has become degenerated, may restore its transparency. Cataract is known to be a result of ergotism. It has also been


produced in frogs by administering sugar in large quantities, or by injecting it under the skin. Chloride of sodium and alcohol* have produced similar results. In our school, cures, or beneficial results, are reported to have followed the use of *cannab.*, *con.*, *phosph.*, *silex*, *sulph.*, and a few other of our remedies."

Then why not *try* medicinal treatment during the ripening, and in cases in which operation is impossible or undesirable? But the cause of scientific therapeutics cannot be advanced on the line of "some reliable remedy"; we must rather individualise and treat

* An old Vienna oculist used to recommend his cataract patients to drink brandy, so as to hasten the maturation of the cataract.

the patient, not the cataract. A specific for cataract in the very nature of things cannot be found because there are no two cases of cataract exactly alike.

Thus, I have noticed in my own experience one case due to repeated attacks of inflammation; another arose from arsenical poisoning; another from a liver affection; another was congenital, and another hereditary. Then there are those due to trauma, to retrocedent gout and suppressed menses, and, again, the many arising from a repercussion of an affection of the skin, as also those in the diabetic. Not being a specialist, my experience is necessarily limited, yet I have seen enough to know that there is



cataract and cataract ; and I do not mean merely nosological forms.

Moreover, various substances are known to cause cataract—such as ergot, nitric acid, common salt, alcohol, santonine, and sugar ; and certainly of as many different kinds.

CASE VII.—*Cataract of right eye ; man, æt. 61. August, 1859, Cannab. 30 ; September 1, Mag. met. 30 ; October 30, Cannab., high potency ; Nov. 9, Mag. met., high potency. The eye, dry before, is now moist, and the sight commences to improve. March 18, 1860, Sulphur, high potency ; May 22, Sulphur, high potency ; July 22, Caustic, 30 ; September 22, Sulphur, high po-*

tency. Sight clearer, but no dissolving of cataract. November 21, *Silic.*, high potency. Seven days after, great improvement of sight. January 5, 1861, *Silic.*, high potency; entire disappearance of cataract.—(Dr. Kirsch, Senr., "Allgemeine Hom. Zeitung," lxxxiv., 214. From Raue.)

There is no mistake about this case; the persistent treatment persevered in from August, 1859 to January, 1861, is a worthy example to be followed. And one is very apt to be senile at 61, especially if there is a cataract.

CASE VIII.—Cataract in a lady, æt. 60, was cured by the administration of *Sulph.*, *Pulsat.*, *Silic.*, *Calc. carb.*, *Pulsat.*, *Baryt. carb.*, *Amm. carb.*, and *Mag. met.*,

given at long intervals and high attenuations.—(Dr. Kirsch, Senr., “Allgemeine Homœopathische Zeitung,” lxxxv. 44.)

Here, too, we trace the hand of a great master in the therapeutic art.

CASE IX.—Cataract. Mrs. E., æt. 48; complains of heaviness of the eyelids, mist and grey fog before the eyes, and a feeling as of sand in the eyes. She was nursing a babe. In the right eye beginning of cataract. Burning in forehead; flashes in right eye; pain, as if beaten, in small of back. *Sulph.* 200, December, 1871. Nebulous sight; ERUPTION ON EARS; the eye becomes clearer. Feb. 1. *Sulph.* 400; and March 1, 1872, *Caustic* 60; perfect cure.—(*Ibid.*)

In fact, rapid medicinal cure of incipient cataract.

CASE X.—Woman, æt. 63 ; cataract in both eyes, worse in the right. October 18, 1869, *Sulph.* 60 ; January 4, 1870, *Amm. Carb.* 30, and higher potencies till May. May, *Calc. carb.*, high potency ; July 7, *Lycop.*, high potency ; latter part of August, *Mag. carb.*, high potency ; October 24, *Baryta carb.* 30 ; December 21, *Baryta carb.* 200. In the last two months A NUMBER OF RHAGADES APPEARED IN THE PALMS OF BOTH HANDS ; the eyes got entirely clear in that time.—(*Ibid.*)

This is good, honest therapeutic work of the right stamp.

CASE XI.—*Cataracta dura incipiens.*


A lady, æt. 67, was suddenly attacked, after taking cold, with pressing pain around the eyes, which was worse in the open air ; before the eyes she constantly saw dark figures, like spider-web or lace, of the size of a hand. She had been subject to sick head-aches all her life. *Sepia* 3, one dose night and morning, for fourteen days. In four weeks the large dark figures were reduced to mere specks, and her general health greatly improved.—(H. Goullon, Junr., "Internationale Hom. Presse," 1875, 'p. 691. In Raue.)

Dr. Goullon, Junr., is a man of considerable reputation.

CASE XII.—Young man, æt. 20, had had the itch one year and a half ago, of which he got rid by internal and external use of medicines. Later, he had an attack of intermittent fever, which he cured with pepper and whiskey. A short time since he discovered that he could not see with his left eye. The eye had a dead look ; pupil was enlarged and immovable ; in the middle of the lens there was an opacity, as if it had been punctured by a needle ; the lids and conjunctiva were somewhat reddened. On holding the hand quite near to the eye, he could dimly discern the fingers. August 2, *Sulphur* 6 ; August 9, SEVERAL PIMPLES ON THE FACE AND ARMS. Sight better. *Sulph.* 6, which was repeated on the 19th, 26th

and 29th of August, and on the 3rd and 23rd of September. THERE APPEARED A NUMBER OF FURUNCLES ON THE ARMS ; the eye looks natural again, and he sees as well as ever before.—(Fr. Emmerich, " Arch.," XIV., iii., p. 105. In Raue.)

In Hales' "New Remedies," 1875, vol. ii., p. 569, we read under the heading, *Pulsatilla Nuttalliana*: "Dr. W. H. Miller, of St. Paul, Minnesota, struck with the many points of similitude between this plant and the European Anemone Pulsatilla, conceived the idea that in chemical composition and therapeutical effects they were also closely allied, if not identical. He instituted numerous experiments with a view of verifying the



latter surmise, and according to his statements, they proved to be entirely successful. He claims to have established the value of this remedy in many chronic diseases of the eye, *particularly cataract*, amaurosis, and opacity of the cornea. Very *decided advantage* was also experienced from its employment *in cutaneous eruptions*, and in secondary syphilis."

This latter remark, regarding its good effect in skin diseases, is significant, considering that the lens and its capsule and the skin are embryologically of identical origin.

It may be remarked that our pulsatilla was already considered by Stoerk to be a remedy for cataract.

At this moment I have a lady

patient suffering from cataract, who is taking *pulsatilla nuttalliana*.

It must not be given in too low a dilution, or it causes considerable distress at the neck of the bladder with frequent micturition.

In Hale (op. cit.), p. 671, under the head of Santonin, we read :—

“It was also used in nine cases of *cataract*, of which four were cured, the rest not benefited.”

We will next quote from “Ophthalmic Therapeutics,” by Timothy F. Allen, M.D., Surgeon to the New York Ophthalmic Hospital, and Geo. S. Norton, M.D., Surgeon to the New

York Ophthalmic Hospital, Ophthalmic and Aural Surgeon to the Homœopathic Hospital on Ward's Island, New York, 1876.

On p. 252, we read . . . "A large number of cases are to be found in our literature, in which the internal administration of a few doses of the properly selected remedy has worked a wonderful cure of cataract, but the great majority of these must be taken 'cum grano salis' and put aside with the remark 'mistaken diagnosis.'

"We are, however, certain that by a careful selection of drugs according to the homœopathic law, and by continuing the use for a long period, we may succeed, in a large proportion of cases, in checking the progress of

the disease, and are often enabled to clear up a portion of the diffuse haziness, thus improving vision to a certain extent. But after degeneration of the lens fibres has taken place, no remedy will be found of avail in restoring its lost transparency and improving the sight. We must then, providing the vision is seriously impaired, and it is senile or hard cataract, wait until it has become mature, when the lens should be extracted.

“The medical treatment will consist in the selection of remedies *according to the constitutional symptoms* observed in the patient, for the objective indications are entirely or nearly absent, as we cannot yet decide from the appearance of an opaque lens what remedy is required.

"The *drugs found below* have been *verified* by us, *as having arrested the progress of the cataract.* *Baryta Carb., Calc., Caust., Lyc., Mag. Carb., Phos., Sepia, Sil., and Sulph.*"

Now, even though we accept these statements of Drs. Allen and Norton at the same price at which they accept the like statements of others on the same subject, viz., *cum grano salis*, still they are of considerable weight, even allowing that they, too, are sometimes mistaken in their diagnosis.

The italics are mine.

In the North American Journal of Homœopathy, Vol. xiv., 1866, p. 592, is this article :—

Cataract. Dr. Quadri, of Italy, has for several years been treating cataract with ammonia. He gives the following case:—A woman, aged 22, perceived a diminution in her power of vision. Her mother, two of her brothers, and her sister had all been afflicted with cataract. Her eyes presented a cortical opacity—which appeared greater at the circumference than towards the centre. Dr. Quadri prescribed the daily application of liquid ammonia in a watch-glass to the temples, and a few centigrammes of hydrochlorate of ammonia administered internally. After following this treatment for two months, her eyes had so far improved as to enable her to resume her needlework. The oph-

thalamoscope revealed at the same time a diminution in the extent and density of the opacity. The patient persevered in this treatment for five years, during which the affection continued to diminish; she left it off for a month, but was obliged to resume it at the end of that time, the infirmity having again gained ground; her return to the old treatment was attended with success.

From this case we may at any rate learn patience and perseverance in treatment. What the *modus operandi* of the ammonia is may not be readily determined, (let us call it revulsive,) but as there are numbers of cataract patients waiting for the completion of the maturation process, it could not

harm them to give Dr. Quadri's ammonia treatment a fair trial.

The treatment of cataract with ammonia is, however, by no means new. Ammoniated counter-irritants have been successfully used in the treatment of cataract; a very convenient form is *Goudret's Pommade Ammoniacale*, certainly less objectionable than Dr. Quadri's method.

The next case is culled from the "American Homœopathic Review," Vol. II., 1860, p. 413. It is translated by the late (alas that we should say *late*) Carroll Dunham from "L'Homœopathe Belge," and is by Dr. J. Mouremans, of Brussels.

M. J., aged seventy-seven, had

been *blind four years*. She is small, emaciated, and of sallow complexion. She had had three children. The account she gave of the exciting cause of her disease was very unsatisfactory. She could only say that several years ago, in consequence of a cold, she was attacked with inflammation of the conjunctiva, and that, from that time, her vision became more and more feeble. She saw snow-flakes and spider webs continually in the atmosphere; surrounding objects appeared to her to be enveloped in a thick mist, which prevented her from distinguishing with accuracy the external margin of an object; the light of a candle was encircled by a halo; she could distinguish everything more clearly in the

evening than in the morning; artificial light she could not well tolerate.

The patient came to our institution (Brussels Policlinique) April 29th, 1856. At this time, she could hardly distinguish light from darkness; the pupils were dilated, and the mobility of the iris was partially impaired; the crystalline lens was obscured, of a whitish color and uniformly shaded. The patient complained of no pain; her disposition was much affected, however, and she had, for four years, found it impossible to apply herself to her accustomed occupation. All bodily functions were normal.

We began our medical treatment 29th April, with *Euphrasia* 30; three globules were dissolved in six ounces

of water, and a teaspoonful taken every night and morning.

May 16th. The patient reported an improvement. She could already better distinguish day from night. The same remedy was continued, but in a higher potency, and the three globules were ordered to be taken all at once.

August 4. The patient began to distinguish objects, but they appeared distorted. *Cannabis* 30 was prescribed, three globules to be dissolved in five ounces of water, and a teaspoonful of the solution to be taken every morning and evening. This remedy was allowed to act undisturbed until December 1.

The condition of things was unchanged. The high potencies were then resorted to. *Sulph.* 200, three

globules, was given. On the 2nd of March, the crystalline lens appeared to be less clouded. The patient could distinguish persons, although they appeared to her as if in a mist. After this time she was able to come to the clinique unattended.

Causticum 200 was given.

April 30th. She still saw black spots floating before the eyes, but vision kept gradually and steadily improving. *Silicea* 30 was ordered, to be taken as the previous remedies.

At the end of the month of May, the patient, quite overjoyed at her condition, informed us that she could readily distinguish all objects; could clearly recognise the letters in a book; that she could devote herself again to

her usual occupation, but that she saw a halo around the light of a candle. *Phos.* 30 was the last remedy which the patient received. Two months later she came to render thanks for the benefits she had received, assuring us that her vision had improved to such a degree that she could thread a needle, could sew, and could read with ease.

Before publishing this history, we have made enquiries respecting the good woman, who has now reached her eightieth year, and learn that the happy result, thus attained by her through Homœopathy, has continued to the present time.

As this case bears the approval of Carroll Dunham, few in our school will gainsay it.

The next case is Dr. Berridge's * (in Raue, 1871, pp. 60-1.)

Cataract of Right Eye. For ten months has often seen a very bright light, beginning at right outer canthus, increasing in size, then standing before right eye as large as a penny for a minute, then decreasing in size and vanishing. It is seen when the eyes are open or closed, but closing it tightly makes it decrease and disappear; it comes chiefly when stretching himself; it *causes lachrymation when looking into it*, and makes him feel stupid. Hahnemann gives under *Chelidonium*: "A

* Since this was printed, we gather from a conversation with our learned colleague that he does *not* affirm that this was a case of cataract.

dazzling spot seemed to him to be before the eyes, and when he looked into it, the eye watered." One dose of *Chel.* 200 (Leipzig) was given. Fourteen days after he reports that the light is smaller, dimmer, *does not cause lachrymation*, or make him feel so stupid. This symptom is thus confirmed. After this Dr. Berridge did not see him.

Apropos of the use of *Chelidonium Majus* in cataract, we may here note that Dr. Buchmann, in his monograph on this remarkable remedy, gives two cases of cataract cured by it.

I myself can add a case of amelioration of a right-sided cataract brought about largely by *Chelidonium*. The patient is a lady of about forty years of

age, who used to suffer very much from chronic congestion of the portal system, and this was my indication for it. (See Buchmann's monograph.)

In connection with this use of the Greater Celandine in cataract, it may not be uninteresting to consider the etymology of the word, and the old notions once current respecting its efficacy in blindness. It is derived from the Greek *χελιδων*, a swallow, because the swallows were said to restore sight to their blind young therewith. This strange story may be found in very numerous authors, from Aristotle and Pliny down to our own herbals.


As old Macer has it :—

Caecatis pullis hac lumina mater hirundo,
(Plinius ut scripsit) quamvis sint eruta, reddit.

Dr. Baehr (in his "Science of Therapeutics," vol. i., p. 257; Hempel's Translation; New York, 1869) says:—"Cataracts are generally considered incurable by internal remedies. This proposition has been refuted in Homœopathy by a number of successful cures, and we can boldly assert that we have succeeded in controlling this disorder by the use of internal agents. Unfortunately, however, when the proper remedy is to be selected, we are compelled to admit that we have not yet succeeded in determining *what* remedies are adapted to the different forms of cataract. The main remedies are: *Phosphorus*, *Pulsatilla*, *Sulphur*, *Calc. carb.*, *Lycopodium*; the less certain and less tried remedies are: *Silicea*,

Cannabis, Euphrasia. Of course, we do not mean to say that we can remove every cataract by homœopathic remedies. As a general rule, we can only say that the prognosis is so much more favourable the younger the patient, and the shorter and the less developed the disorder. In the case of old people, where cataract may be regarded as a gradual dying out of the lens, it would be absurd to suppose that internal treatment is of any use. The prognosis of capsular cataract is more favourable than that of any other form."

In the "Homœopathic Theory and Practice of Medicine," by Marcy and Hunt, New York, 1865, p. 133, we read :—



“*Treatment of Cataract.*—Before resorting to the operation of couching or extraction, as is so often done by the old school surgeons (and the new?) we should always give our medicines a fair trial. It is quite true that we have but few remedies which simulate this affection in their pathogenesis, yet the successful results which have been observed from the use of medicines in a few cases, render it incumbent on us to avail ourselves of them on all proper occasions.

“After a thorough trial with medicines like *Silicea*, *Graphites*, *Kali hydriod.*, *Merc. hyd.*, *calc. carb.-acet.*, if there is no prospect of amendment, the patient should be turned over to the surgeon for the necessary operation.

“In a few cases of incipient cataract,

much benefit has followed the local employment of sulphuric ether vapour to the eye, and should our internal remedies prove fruitless, there can be no objection to the trial of this substance.

“As internal remedies we suggest : *Silicea, Graphites, Iodine, Merc. hyd., Conium, Pulsatilla, Mag. carb., Sulphur, Cannabis, Phosphorus, Digitalis, Spigelia, Euphrasia.* *Conium* and *Cannabis* may be employed where the cataract has arisen from a wound or other injury to the eye.

“*Magnesia Carbonica, Pulsatilla, Digitalis* and *Phos.* have proved curative in capsulo-lenticular cataract, either with or without abnormal adhesions, also in opacity of the lens or capsule alone. These remedies are useful when the

disease has been accompanied with ophthalmia.

We will now quote from Dr. Richard Hughes' "Manual of Therapeutics" (Part II., p. 27, *et seq.* London, 1878).

This eminent writer thus expresses himself:—"Cataract.—You may be surprised at my including this disease in a treatise on Medicine, as it is ordinarily supposed to be amenable to surgical measures only. But it is difficult to see why it should be beyond the reach of medicines. Grant that in aged persons a hard lenticular cataract is merely, like ossified arteries, an evidence of senile decay. But this is one variety only of the disease. Capsular cataract is nearly

always the result of inflammation, and corresponds pathologically with opacity of the cornea. Both capsular and lenticular cataracts have been known to form within a few days, or even in a single night. They have followed retrocedent gout, suppression of the menses, of cutaneous eruptions, and of habitual perspiration of the feet (I do not speak of diabetic cataracts, as there is reason to suppose that these are of purely physical origin). Morbid conditions so characterised ought to be amenable to specific remedies ; and homœopathic literature already witnesses that such remedies are in existence."

A paper by Dr. Malan, in the fifth volume of the "British Journal of Homœopathy" (already cited by us *in*

extenso), and the section in Peters' *Treatise*, contain all the cases of Homœopathic cure or improvement of cataract with which I am acquainted. Some of these are of dubious value; but even when they are eliminated, the power of *Sulphur*, *Silica*, *Cannabis*, *Pulsatilla*, and *Calcarea* must remain unquestioned. *Silica* has been most frequently successful; it should be especially thought of when suppressed perspiration of the feet seems to have been the exciting cause. *Sulphur* ranks next; its value is obviously best marked when the trouble dates from repercussion of a cutaneous eruption. *Cannabis*, and perhaps *Euphrasia*, would be suitable when the cataract was capsular, the result of inflammatory action.

Should we catch such a cataract in the act of formation, *i.e.*, in the inflammatory stage—it seems probable, from one of Peters' cases, that *Belladonna* might be relied upon to disperse it. *Pulsatilla* was a reputed remedy for cataract in the hands of Stoerk. It acted very satisfactorily in one of Peters' cases, where a chronic catarrhal ophthalmia calling for it was present; and would be specially indicated where suppression of the menses was the exciting cause.

Calcarea would naturally be thought of in strumous subjects. I add a note, furnished me by my friend Dr. Madden, who had unusual experience in the treatment of this disease. . . . "In the early stage, where vision is but clouded, and streaks only of opacity are

seen by the ophthalmoscope, a check to further deposit may very often be expected. If there is nothing more than smokiness of the lens, it may clear away entirely. The medicines I have found of most service are *Merc.*, *Calc.*, and *Phos.*, all in the higher dilutions."

Dr. Hughes mentions a case of traumatic cataract in which blindness had continued for eighteen years, and which was then cured by Dr. Bayes with *Conium*.

It must be admitted that this is a goodly array of fact and opinion concerning and affirming the curability of cataract with the aid of medicines administered internally according to the law of similars, or guided by one or more of its corollaries.

It may be repeatedly noted that some morbid cutaneous activity is manifested just before a striking amelioration in the cataract takes place. In a case of my own, which I shall presently narrate, the same thing occurred ; it may, therefore, be conceded that some previous epithelial disease had lain at the root of the cataract formation.

At a meeting of the *Cercle Médical Homœopathique des Flandres*, held on the 31st October, 1878, a paper was read by Dr. Bernard, of Mons, on the Homœopathic Treatment of Cataract. It may be found in the "*Revue Homœopathique Belge*," November, 1878.

It seems that Dr. De Keersmaecker, a rising homœopathic ophthalmic sur-

geon of Brussels, had doubted, if not actually denied, the possibility of the cure of cataract by internal treatment, at least so far as concerns *les cataractes séniles, dures, nucléaires ou corticales*.

Drs. Criquelion, Martiny, and Van den Neucker, expressed an opposite opinion, and the two latter stated that they had themselves succeeded in curing cataract with medicines.

Dr. Chargé had informed Dr. Bernard that he had himself only succeeded in curing one single case of cataract that co-existed with general psoriasis;* both cataract and psoriasis yielded after the administration of Sulphur and *Calcareæ*.

Dr. Bernard's searches in literature for

* Here, again, we note the pathological homogeneity of skin and lens: in fact, cataract is a *skin*-affection.

medicinal cures of cataract gave the following results :—

In the *Clinique Homœopathique* of Beauvais-Saint-Gratien may be found seven cases of cataract cured or ameliorated with medicines—five in the first volume, and two in the second.

The first is the observation of Caspari which we cite later on.

The second observation is by Dr. Hoffendahl, and in which the cure was obtained by means of *Spigelia*, *Belladonna*, and Stramony.

The third is Dr. Haubold's, and runs thus : A cataract, rather advanced, was cured in six weeks, and that radically, by Sulphur 30, and a fortnight afterwards by *Causticum*, in an old lady of sixty-one years of age.

The fourth case is Dr. Schroen's, and comes later.

The fifth is Dr. Emmerich's, also reported further on.

In the sixth observation, Dr. Kopp also notes a marked amelioration in a maiden lady, sixty years of age, due to *Pulsatilla*, *Belladonna*, *Conium*, and *Mercurius Solubilis*.

This patient had previously been seized with left-sided facial hemiplegia.

The author of the seventh observation is Dr. Stender, and it runs thus : A cataract, already formed, in a scrofulous lad twelve years of age, was cured in two months and a-half by a few doses of Sulphur $\frac{3}{30}$, *Pulsatilla* having been twice exhibited between whiles.

Dr. Bernard then gives an epitome of

fifteen cases from Rückert's *Klinische Erfahrungen*.

I will only give the fifteenth at this place, as the others occur in other parts of this book.

The fifteenth is this: *Crusta lactea* disappears and cataract supervenes, which latter is cured with *Spirit. Sulph.* (*Autore*, Schœnfeld.)

Dr. Bernard also notes that in several of the cases habitual perspirations re-appear, or a cutaneous eruption either appears or re-appears.

Need we any further proof that cataract is a *cutaneous* affection?

Dr. Prié has published numerous observations of amelioration of cataract from homœopathic treatment. First we

find in the fifth volume of the *Bulletin de la Société Médicale Homœopathique de France*, a short account of sixteen observations ; a second memoir, published in the sixth volume of the same journal, contains an account of other six cases, in all *twenty-two*, with results that Dr. Bernard thus epitomizes :—

- 13—Ameliorations more or less marked ;
- 5—remained stationary ;
- 3—not ameliorated ;
- 1—result not known.

—
Total 22.

In these twenty-two cases of Dr. Prié, it would seem that *Magnesia Carbonica* was largely accredited with the beneficial results.

Then there comes the case of Dr.

Streintz, published in the *Allgemeine Hom. Ztg.*

Patient was a retired major, seventy-five years old, in whom an amelioration almost equivalent to a cure resulted from Phosphorus 30, after Sulphur and Causticum 30 had been given without effect.

I cannot agree that all the honour be accorded to Phosphorus in this case, as my experience shows that the last medicine given is by no means necessarily the one that produces the benefit; we must remember that the *changes* in the cataracts of the aged are in the nature of things slow, and may exist long before one can detect them.

We may read in the *Art Médical* (t. xliii., p. 226) the following case :—

Cataract of the left eye in a maiden lady, thirty-four years of age. *Oleum phosphoratum* by instillations into the eye, and frictions on the brow and temples. At the end of four months there were great amelioration of the sight and notable diminution of the cataract. Dr. Bernard does not tell us the original author of this case.

“ Le traitement de la cataracte, disait M. Ozanam, le 15 juin, 1868, à la *Société Médicale Homœopathique de France*, offre encore de grandes lacunes. J’ai espéré en triompher un instant en m’inspirant du principe homœopathique, car ayant lu

l'histoire des épidémies d'*ergotisme*, j'y trouvais un assez bon nombre de cas de cataractes produites par l'usage de l'*ergot de seigle*. Mais, ni l'emploi de *Secale* à doses variables, ni l'emploi de l'*huile essentielle d'ergot de seigle* ne m'ont donné de résultat efficace, et la question est encore à résoudre."

Then, in 1869, M. Ozanam treated eight cases of cataract in aged persons for the space of one month, with Phosphorus in various doses, but without success.

Here I would remark that this is very unscientific homœopathic treatment to give *eight* cases right off the *same* medicine. No wonder he had no success. Moreover, one has no right to expect any success *in one month*. To

do this is to ignore the essential nature of cataract; and to take eight cases of cataract, and give them all one drug, is equally to ignore, or to fail to comprehend, what Homœopathy really means. This is where Hahnemann's *other* teachings come in; here we require the *higher* Homœopathy of the *pathologist* Hahnemann.


In 1872, M. Ozanam says . . . "Ainsi le *seigle ergoté* produit la cataracte double; il la produit plus facilement chez les femmes et dans l'âge adulte. Il détermine surtout des cataractes molles ou semi-fluides; donc le *seigle ergoté* sera d'une indication très-générale dans le traitement de la cataracte, et sera, en outre, tout particulièrement indiqué *chez les femmes adultes atteintes*

d'une cataracte molle et double, c'est-à-dire, dans les cas les plus graves et les plus complets de cette pénible affection."

That is a good deal better ; only there must be other *differentiæ* as well, *especially must the history of each case* be carefully weighed, or there will be only indifferent success.

Jousset recommends *Cannabis indica*, *Secale cornutum*, *Iodium*, *Kali hydriod.* *Conium*, *Silicea*, *Magnes. carb.* ; and says, *Colchicum* would be called for in capsular cataract of rapid development.

Dr. Hubert-Begenne, in his "Traite-



ment Homœopathique des Maladies des Yeux," declares himself unequivocally for the curability of cataract with purely internal treatment, that is, in a certain number of cases.

Dr. Bernard continues: "That which Boerhaave, one may suppose, thought to himself when he wrote *Cataractas mercurius solvit*; that which others have thought to obtain by the prolonged use of *Belladonna* or of *Pulsatilla*, or by energetic revulsion in the neighbourhood of the eye, we may say can be better obtained with medicaments homœopathically appropriated to the *state of the subject*, and amongst which we cite *Conium*, *Phosphorus*, *Pulsatilla*,

Causticum, Cannabis, Calcareo, and Silicea, administered for a long time in infinitesimal doses, and consequently always without danger."

Mille faits négatifs ne sauraient infirmer un fait positif.

Dr. Anastasio Garcia-Lopez, medical director of the mineral water establishment of Ségura, published a memoir on the effects of the Ségura waters upon cataract. His statistical table was thus:—Of 118 patients suffering from cataract, 14 were cured; 65 relieved; 15 received no benefit; and of 24, the result remained unknown. These were treated between the years 1859 and 1863.

A discussion on the Homœopathic Treatment of Cataract took place at a sitting of the Cercle Médical Homœopathique des Flandres, on January 30th, 1879.

Dr. Martiny had treated three cases of hard cataract successfully with medicines; he had not only succeeded in arresting the progress of the affection, but had got the patients well enough to do without atropine. One of his cases he treated with *Silicea* alternated with Phosphorus; the second case with *Calcarea*, and the third improved under *Cannabis*.

Dr. De Kegel had obtained a very manifest amelioration in three cases of soft cataract: one with *Sulphur* 30; another, in an obese lady, with *Sulphur*

followed by *Calcareæ*; the third case, in a lady at the change of life, with *Pulsatilla* 30.

Dr. Schroen published the following case in the *Allg. H. Ztg.* This case, and several of the following, I take abridged from Peters:

A tailor, aged sixty, affected with capsulo-lenticular cataract of both eyes, could barely distinguish light from darkness. *Magnes. carb.* 30 was given once a week in alternation with the essence of *Cannabis sativa*. Two months from that time he could read large-sized print. He received several other remedies, but no further improvement was effected.

Mrs. B., aged 31, was left after typhus fever with weakness of the eyes and eyesight. Everything appeared as if she were looking through a mist ; she could only see outlines of objects, and did not dare to walk out alone. The left eye was most affected ; behind the pupil there was an opacity of the lens, the bulb of the eye not affected, the pupil responded to the influence of light ; the menses were suppressed. *Pulsatilla*, *Sepia*, and *Cannabis*, were used without benefit. *Lycopodium* (4) was then given, and six days afterwards the menses reappeared ; in two weeks more there was decided improvement of the sight, so that she could discern smaller objects, and in three weeks her sight was entirely restored.—(Dr. Diez in Hyg., 18, 457.)

Dr. Becker treated a carpenter who had been affected for some time with tetters about the face, which disappeared after a while without his taking any medicine, but his sight became impaired, everything appeared in a place different from its real position, so that he was unable to use his tools properly.

The pupils presented a misty, smoky appearance, as in the forming stage of cataract. He received *Sp. Sulph.*, ten drops three times a day ; *the old eruption re-appeared*, and he now saw everything in the right position, but otherwise his sight was not improved.

Then on March 22nd, *Aq. Silic.* was administered in doses of seven drops daily, and this was followed by a great improvement in his sight. He perspired

easily, and had much perspiration about the feet. Deposit in urine like lime.

July. A rheumatic inflammation of the foot set in.—(*Ib.*)

The same gentleman treated a lady whose feet generally perspired freely, and then became very dry, and thereafter she noticed that her sight became affected in such a manner that everything she looked at appeared to be enveloped in a cloud; she could only read large print.

Aq. Silic. was administered in doses of ten drops twice a day. *The accustomed perspiration of the feet returned again* in about a month. Her eye-sight became much better. Two months later, at the time of menstruation, her eyes

became worse again, and she then took twenty drops *Aq. Silic.* three times a day, after which she improved very much, could read better, and continued taking the same remedy.

I have before referred to Dr. Caspari's case; it is this:—"Mrs. D., aged 36, had had small-pox while a child, and her eyes have been affected ever since.

"Her symptoms were: tears from the right eye, of a corroding, salty nature, which caused constant irritation of the lower lid and cheek; trichiasis of the few remaining eye-lashes of the upper lid; conjunctiva pale red; varicose vessels running to the cornea; sometimes a sensation as if sand were in the eye; agglutination of the lids during the night; for six months past she had

simple light-grey, lenticular cataract ; she could still distinguish very large objects at a distance of four yards.

“After she had taken *Pulsatilla* 9, there was a subsidence of the inflammation and photophobia ; her sight was improved ; the lens became clearer at its circumference, and the pupil was distinguishable ; after a further use of *Pulsatilla* there was observable only a small, greyish speck in the lens ; the circumference was fully transparent, and the sight only remained slightly obscured.

“The essence of *Cannabis*, and lastly, Opium 6, rendered the lens perfectly transparent.”

Dr. Caspari examined the eye on several subsequent occasions, but there

was no return of any of the former symptoms.

Dr. Argenti published the following case ("Arch." 19, 1, 77):—

"A young man, aged 20, otherwise healthy, except that he was subject to inflammation of the eye and weak sight.

"During one of these attacks, which had lasted for some time, he was found in the following condition: Conjunctiva of both eyes, much inflamed, and very much swollen, resembling a piece of raw meat; great intolerance of light; lids agglutinated in the morning; pressure on the eyes, especially on opening them; sight almost extinct.

"*Belladonna* 30, in often repeated

doses, subdued in two weeks the inflammatory state of the eyes, but produced no change in the eyesight ; after a more critical examination, a cataract in each eye was noticed.

“*Belladonna* was continued, without benefit ; finally, *Silicea* 30, once in six or eight days, perfectly re-established the eyesight in three months.”

Perhaps I have already given a sufficient number of cases of the medicinal cure of cataract to show that the thing is at least possible ; some of my readers who may have read thus far, may be already convinced of this ; but others may be sceptical, and these I must

punish with yet a few more cases. At all events, I shall give plenty of work to such as may attempt to explain them *all* away.

“Mrs. E. became afflicted with arthritic ophthalmia and leucomatous opacity of the cornea, and after the gradual clearing off of the opacity, the lens was noticed to be of the colour of a beginning cataracta glaucomatosa.

“After receiving Phosphorus 30, the lens returned gradually to its former healthy state.” (“Arch.” 8, 3, 156, by Dr. Schüler.)

“A gentleman, aged 38, in consequence of a cold in the face, became affected with an inflammation of the left

eye, with the following symptoms : Towards the cornea an arterial net-work was noticed, over which were coursing some larger vessels towards the circumference of the cornea ; drawing pain between the shoulder-blades and right upper arm. *Bryonia* and *Puls.* were given without benefit ; four days later, however, the inflammation had somewhat diminished, but was followed by nebula of the left eye, in consequence of which the patient could distinguish large letters only ; behind the pupil could be noticed an opacity of the capsule of the crystalline lens ; the pupil was round, and the iris was also unchanged ; there was no photophobia, and no secretion from the eye. The accompanying symptoms were, pressure and dis-

tension over the region of the stomach, extending as far as the right breast and lower lumbar regions. Great uneasiness, pressure in the forehead, feeling of heaviness and drawing in the thigh, and sleeplessness.

"*Nux* was given, without benefit; then *Bellad.* 3 was used night and morning for two days, with such surprising results that every vestige of disease disappeared."—"All. Homœopathische Ztg.," 37, 340. Lembke.)

"M., aged 20, tinsmith by trade, was affected a year and a-half ago with the worst kind of itch, and subsequently with fever and ague. Sometimes he had tearing pains in the left eye, and some itching of the skin, to which he

paid very little attention; suddenly he noticed, however, that he had become completely blind in the left eye.

“*Symptoms.*—A staring look of the left eye; pupil dilated and immovable; in the centre of the lens there was a slight opacity; his sight was almost extinguished.

“*Treatment.*—August 2, Sulph. 6; from August 9th to September 23rd, six doses of the same.

“Six days after the first dose, *many pustules appeared on the face and arms*; in the meanwhile his eyesight improved so much, that he was enabled to distinguish large letters. From September 13th to September 23rd, *furuncles on the arm made their appearance*; after that the skin became clear again, and

the affected eye was as useful as it had ever been before.”—(“ Arch.,” 14, 5, 105. Emmerich.)

“A girl, aged 12, had been affected since her earliest recollection with flocculent cataract (probably congenital), of both eyes. She had had an operation performed about four months ago, without the least benefit; four doses *Magnes. carb.* 200, were also given without any benefit. Five months later she received *Euphras.* 200, in water, a tablespoonful once a day, was followed by some improvement of the left eye. The *Euphrasia* was continued for four months with steady improvement; as soon as the patient ceased to improve Sulph. 200 was given, followed by *Mag-*

nes. carbon. 200, one dose every week for five months, at the end of which time the circumference of the cataracts in both eyes was only just observable. *Euphras.* 200, *Silic.* 200, and *Acid. nitr.* perfected the cure. The use of spectacles for cataract assisted, however, very much to increase the sight of the child.

“How much the former operation had done towards the cure, referent is not able to say.”—(“Allg. H. Ztg.,” 35. 205. Rummel.)

“A farmer, aged 50, of small stature and with light-brown hair, had suffered for the last few weeks with impaired sight; the patient had formerly been troubled with scrofula.

“*Symptoms.*—Patient sees with the right eye only those things which are above him, and with the left eye only those which are at his side, but in all other directions everything appears as dark as night to him.

“Partial opacities of the crystalline lenses were clearly observable; the one in the right eye occupied the larger, and that in the left the smaller half of the pupil.

“*Treatment.*—*Cannab.* 2, three drops daily in water for three weeks, was given without benefit. *Calc.* 3, six doses, at first one dose a day for two days, afterwards one dose every week; before the last dose had been taken, patient had entirely recovered his sight.”
—(“*Viertelj. Schr.*” 2, 426. Villers.)

“A priest affected with cataract, took extract of *Conium* internally with benefit; finally, he became tired of taking medicine, and made a cataplasm of the bruised leaves, which he placed upon his eyes at night. This enabled him to read his breviary without difficulty, and to walk about without a cane or guide.”—(Frank’s Magazin.)

“A healthy girl, regular, aged 23, had had dimness of sight for two years, and complete cataract for more than one.

“*Treatment.*—She took 8 to 10 grains of *Conium*, increased to 25 grains, three times a day; her appetite remained good, and she seemed active and well, and the edge of the cataract seemed

clearing up ; she could see the window, and in October could see her hands and fingers, but all objects seemed red, and her menses became suppressed."—(*Ibid.*)

These, friendly reader, are some of the cases of the cure of cataract that I have found in homœopathic literature ; I do not know what you may think now of the curability of *at least some cases of cataract* with properly chosen remedies ; but I, for my part, must confess that the evidence in its favour is very considerable. I do not wish to persuade any one that cataract is curable with medicines if it is not, but I have tried to bring together sufficient evidence to interest thoughtful physicians and laymen in the subject ; as for the ophthal-

mic surgeons, I expect nothing but sapient smiles from *them*, and I shall not be disappointed in this expectation. All honour to their digits and their prejudices. *They* say they never find anything but an operation of any avail, and this is perfectly true, too. Why? *Forsooth, they never try anything else!* For the same reason *I* never find anything but medicines, chosen homœopathically, do any good, *i.e.*, I never try anything else. And from the good results that I have heretofore obtained, I am confident that if all our homœopathic practitioners were to treat cataract on exactly the same plan as they treat any other constitutional chronic ailments, instead of sending them straightway to the surgeon's knife, we

should be able to do great things in a few decades.

It might be as well, perhaps, to say that I lay no claim to any *special* knowledge of the diseases of the eye in general or of those of the lens, or of its capsule, in particular ; at the same time I am not one of those physicians who consider ophthalmology as lying without their province and within that of the ophthalmic surgeon *only*. On the contrary, I consider that the *duty of the true physician consists in constantly seeking to limit the domain of the surgeon by extending that of the physician*. The treatment of cataract concerns first the physician, and, failing him, the surgeon. The field of surgery—the ophthalmologic portion particularly—is wondrously

well worked ; it has been most carefully surveyed, most minutely mapped out, and everything accurately named. Well may the surgeon-oculists be proud of their position and progress.

But where are our *physician*-oculists? Nowhere.

In general practice I have met with very encouraging results in my treatment of cataract with medicines administered internally ; but, with only ordinary means of observation, the number of cases that have come under my care is necessarily limited. Hence my own experience has occupied and will only occupy a very small space, and will principally serve to introduce the observations of others. It is to be hoped, also, that this little work will encourage

many other homœopathic practitioners to *try* the effects of *well-chosen* remedies in those cases of cataract that may come under their notice.

At any rate, let us give *medicines* a full and fair trial, and in the end humanity and science must be the gainers. A cataract cannot be operated on until it is ripe; then why not *try* the medicinal treatment during the ripening process?

We are neither doing our duty to the science of medicine, nor to that branch of it called Homœopathy, nor to our patients, nor to ourselves, unless we at all events *try* to cure our cataractous patients with medicines.

But before entering upon such an arduous undertaking it is well to have

a clear conception of what a cataract really is, and how it comes about, so that the trial may be an intelligent one, and founded on a scientific basis.

The attempt to cure cataract medically is not new ; all through the history of medicine there have been cases of cataract reported as cured with medicines ; but previous to the discovery of the ophthalmoscope it was not unfrequently confounded with, or included in, amaurosis, more especially some forms of it. And a facetious oculist was wont to say that amaurosis was that condition in which both doctor and patient could see nothing. That was in the pre-ophthalmoscopic days, *bien entendu*. But ever since Helmholtz invented the ophthalmoscope, in 1851,

the ophthalmologists have been busier than bees in the instrumental investigation of the eye; and now, as a well-known oculist lately informed the writer, they count over three thousand diseases of the eye. Such is the simplicity of science. I am dealing here with only one of these diseases, and that will leave two thousand nine hundred and ninety-nine for the ophthalmic surgeons; hence they ought not to complain of this little poaching raid.

There are eye-surgeons in plenty, and not a few of them are men of the highest attainments; we want some good eye *physicians*, NOT specialists but medical practitioners, who can focus their energies upon a small part of the human economy without ever for a moment

forgetting that *the part is qualitatively the whole*, and conversely. We should then make rapid strides in narrowing the limits of the supposedly incurable. To have one's ailments cured surgically is good, but to have them cured medically is better.

As cataract is a disease of the lens or its coat, it will be well to enquire into the true nature of the parts involved, both from an embryological stand-point and also from that of histology and chemical constituents. What is the lens, and where is it?

CHAPTER III.

THE LENS AND ITS CAPSULE.

THE crystalline lens, or crystalline body, is a doubly convex transparent solid body, with a rounded circumference ; it is enclosed in a capsule, is situated behind the pupil, and in front of the vitreous body.

In Bowman's words, the *capsule* of the lens, a transparent glass-like membrane closely surrounding the contained body, is hard and brittle, especially in front, but very elastic and permeable to fluid. The anterior surface is in contact with the iris towards the pupil, and recedes from it slightly at the circum-

ference ; the posterior rests closely on the vitreous body. Around the circumference is a space called the Canal of Petit. The fore part of the capsule is several times thicker than the back, as far out as $\frac{1}{16}$ of an inch from the circumference, where the suspensory ligament joins it ; but beyond that spot it becomes thinner, and it is thinnest behind. In its nature the capsule of the lens resembles the glassy membrane at the back of the cornea, for it is structureless, and remains transparent under the action of acids, alcohol, and boiling water, and when ruptured, the edges roll up with the outer surface innermost.

By "structureless" is meant that our strongest magnifying powers are unable

to show any further differentiation. It is very tough and exceedingly elastic.

The histology of the lens is admirably given in Stricker's "Manual of Human and Comparative Histology," Volume iii., which is translated by Dr. Power for the New Sydenham Society (London, 1873).

It is the work of Professor Babuchin, who was ably assisted by Sernoff. But it is much too elaborate for the present purpose.

Max Tetzer's "Compendium der Augenheilkunde," Gruenfeld's third edition, Vienna, 1878,—by the way the best Manual of Ophthalmology extant,—is a mine from which we shall dig a little. Poor Tetzer was the most genial clinical instructor of his day (alas! so

short), and made almost every student feel that he would go in for the eye. He puts the anatomy and histology of the lens thus tersely :—The lens, with its posterior surface, fits into the plate-like groove of the vitreous. The connection of the posterior part of the capsule in this groove is, however, very loose, so that the capsule can be readily taken out. Of the greatest importance is the layer of the intracapsular cells that are very pretty epithelial cells, like mosaic. This epithelium of the capsule, lying on its inner surface, is to be regarded as the matrix of the fibres of the lens. Particularly those cells towards the periphery give rise to the formation of the fibres of the lens. The lens substance has a peculiar shape, its anterior

surface is flatter, the posterior surface more convex. The proportion in the convexity is as ten to six. In the lens we distinguish the nucleus and the cortical substance. The cortical substance is rather softer, somewhat succulent, the nucleus, on the other hand, is a compact mass. The cortical substance can be divided into leaves (*laminæ*), but the nucleus cannot be divided into leaves. Towards the equator the cortical substance is most considerable. This depends upon the development of the lens, because the peripheral layers are the youngest, while those layers that surround the nucleus are the oldest. The colour of the lens in young individuals is as clear as water; the older the person the more

it becomes metamorphosed, turning yellow, yellow brown, even rusty brown.

STRUCTURE OF THE LENS SUBSTANCE.

The fibres of the lens are its most important constituent; they are six-sided prisms, so that on section of a lenticular fibre we get a hexagon. One fibre fits accurately to the other. The ends of the fibres are jagged like a saw, whereby the connection is more intimate. The fibres consist of a membrane, a contained fluid, in which globulin or crystallin was discovered, and of a nucleus, which, however, exists only in the young; in the older it has already disappeared.

The complicated arrangement of the fibres themselves will not here come under consideration.

The consistence of the fibres of the lens varies in accordance with the layer in which they are found. The superficial fibres are very soft and delicate, and the nearer the centre the more hard and resistant.

NUTRITION OF THE LENS.


The lens has no blood-vessels. With regard to the nutrition of the lens, we consider the capsule as the matrix of the lens. On the inner surface of the capsule there is a layer of epithelial cells, so that here the further nutrition is carried on through cells. The cap-

sule is, as it were, the basement membrane for the epithelial cells; these grow and differentiate into lens fibres. Hence the lens proper is the product or fruit of the capsule, and it is this idea that we have found to encourage us in our therapeutical endeavours, more especially when considered in relation with its origin. The nutrition may reach the lens by transudation through the capsule.

CHEMISTRY OF THE LENS.

The principal chemical constituents are of an albuminous nature; consisting, in fact, chiefly of globulin, with a certain quantity of albuminate of potash and ordinary ser-albumen. Other

materials that have been ascertained to enter into the composition of the lens fibres are—a little fat, with traces of cholesterine, about one-half per cent. of ashes, and sixty per cent. of water. The qualitative characters, no doubt, vary with the layer from which the fibres are taken; for, apart from the fact that the central fibres are more resistant, the nucleus of the lens becomes much harder than the superficial layers under the same reagents; so that, in fishes, for example, the nucleus remains transparent, hard, and difficult to cut. The cloudiness of the fibres of the lens, and the formation of vacuolæ in their interior, are occasioned by the action of reagents which withdraw water from them. (Babuchin.)



Probably this explains the *modus operandi* of salt, sugar, alcohol and, secondarily, of ergot in the artificial production of cataract.

EMBRYOLOGY OF THE LENS AND ITS CAPSULE.

The development of the crystalline and its coat must, of course, be considered in connection with that of the eye as a whole. Now the eyes begin to be developed at a very early period, in the form of two hollow processes projecting one from each side of the first primary cerebral vesicle. Each process becomes converted into a flask-shaped vesicle, called the *primary optic vesicle*,

which communicates by a hollow pedicle with the base of the posterior division of the first primary cerebral vesicle. According to the observations of Remak on the chick, the pedicles, originally separate, come together, and their cavities temporarily communicate,—a condition which may explain the formation of the optic commissure. *The primary optic vesicle comes into contact at its extremity with the CUTICLE, which somewhat later becomes invaginated at this point, and forms a small pouch pressing inwards on the optic vesicle; the aperture of this pouch becomes constricted and closed, and the pouch is soon converted into a shut sack, within which the contents, subsequently becoming solid, form the lens and its capsule. After the lens has been thus*

separated from the CUTICLE the deeper tissue contributes to the formation of the secondary optic vesicle. This is as much of the embryonic development of the eye as we need for the present purpose; from it we see that the lens and its capsule are *differentiated skin*. This should be well remembered.

The investigations of Babuchin and of Sernoff lead them to differ but slightly from this in their conclusions. They say that, as regards the origin of the lens, and the mode of development of its fibres, it is obvious from the *direct transition* of the anterior *epithelial* layer of the lens into the posterior fibrous layer, *that each fibre of the lens is simply a colossal and greatly elongated epithelial cell*, and the history of development

shews further that the persistent portions of the body of the lens arise from the EPIDERMOID external layer of the embryo.

The question of the development of the capsule is still open, according to Sernoff, who has long been occupied with its investigation ; in the meantime he would appear to deny both its epidermoid origin, and also that it is the product of the excretion of the epithelial cells and of the fibres of the lens. Babuchin inclines to classify it with the metamorphosed *connective tissue* formation.

But some light may be thrown on the question of the origin of the capsule of the lens—a very important question, by the way, for gaining a little firm ground for our therapeutic endeavours

—by comparing it with the membrane of Descemet.

The capsule of the lens and the membrane of Descemet have many properties in common ; thus portions of either, when treated with reagents (as, for instance, the permanganate of potash, or a ten-per-cent. solution of common salt) will roll inwards like paper that has been long rolled up, and they are both glass-like or hyaline. Hence the opinion of Babuchin, that the capsule of the lens is transparent connective tissue, would seem very probable. According to Rollett, the histogenesis of the cornea requires to be again worked over, especially with the aid of the silver and gold methods of preparation.

But leaving, for the present, the

origin of the capsule undecided, we are in no doubt of the EPIDERMOID nature of the lens, and also in no doubt of the endothelial nature of the intracapsular cells.

From which we may deduce the general statement that the drugs that affect the epidermis and epithelial structures specifically, will also be our remedies in some of the abnormalities of nutrition of the lens, and therefore in some forms of cataract.

From the albuminous nature of the lens we may deduce the general statement that substances which in the living body enter into combination with the albumen to form albuminates will likewise be remedies in certain forms of cataract.

THE AQUEOUS HUMOUR.

The chambers of the eye are bounded posteriorly by the anterior capsule of the lens, and anteriorly by the posterior membrane of the cornea, the so-called membrane of Descemet. The iris dips like a circular curtain into the space so designated. They are occupied by the aqueous humour, which differs but little from water in its physical characters, but it contains a small quantity of some solid matter, chiefly chloride of sodium, dissolved in it.—(*Quain.*)

It is very probable that the aqueous humour plays a very important part in the nutrition of the lens

ETIOLOGY AND PATHOLOGY OF CATARACT.

For this part of our subject a very important work is *Des Causes Anatomiques de la Cataracte Spontanée*, par Henri Chiray, Paris, 1875.

In general thesis it is maintained that cataract is due to a thickening of the blood from the abstraction of a portion of its water.

The principal experiments on this point are those of Künde and of Kühn-hern made on frogs, cats, and dogs with common salt, the nitrate of soda, and concentrated solutions of sugar, introduced into the digestive tube and under the skin. Under this influence the animals rapidly lose a great quantity

of water, they attain to an extreme degree of desiccation, and, in a period of time, varying from a few hours to as many days, an opacity of both lenses is seen to develop. Some authors will not recognise these as true cataracts, because they disappear as soon as the abstracted fluid is restored to the economy. But, as Chiray observes, this objection will not hold ; for what constitutes, clinically, a cataract is an opacity of the crystalline, and the just-mentioned substances do produce opacities of the crystalline.

So we must say they are analogous, though not identical. But then the same holds good of *all* cases of disease, and therefore of cataract.

Chiray also comes to the conclusion

that we must consider it as a fact that *loss of fluid is a cause of cataract*. As examples of this he reckons the cataracts of the diabetic, and those common to certain trades. Thus glass-blowers, for instance, who work a good part of the day before very hot fires; the *vignerons* who work very hard in the full blaze of the sun on their shelterless hills; also a certain number of senile cataracts are to be attributed to this same cause; for we know the vascular changes at this age must necessarily impede the interchange of the fluids between the tissues and the blood vessels; this is particularly the case with the aged, and those who are withered and emaciated by misery and privation.

Then there is the cataract of ergotism,

But *how* brought about we will not here tarry to discuss, but will briefly revert to the subject presently.

It would lead us too far to enter into the much vexed question of how inflammatory cataract becomes established ; it is well discussed in Chiray. According to Ritter and Moers, irritation of the crystalline produces at first subcapsular and capsular lesions that might well be connected with capsular cataract, and these lesions subsequently extend to the crystalline. Clinically, we frequently note that cataractous patients tell us of former inflammations of the eyes. (See our first clinical case.)

GERONTOTOXON LENTIS is pretty

frequent in the aged; it consists of an equatorial opacity of the lens, with very weak centripetal rays, and having but a very slight tendency to increase. The opacities are due to deposits of fat between the fibres. This is analogous to the arcus senilis of the cornea; and although an opacity of the lens, is nevertheless no cataract in a strict sense.

Choroiditis, and sclero-choroiditis are very frequent causes of cataract.

Chiray (Thèse, 1858) very prettily terms the choroid the placenta of the eye.

The most important part in the nutrition of the eye is undoubtedly played by the aqueous humour, and this fluid is secreted by the choroid, the nourishing membrane of the eye.

Hence choroidal lesions must play an important part in the etiology of cataract by primarily altering the nature of the aqueous humour.

Those cataracts that are produced by desiccation are, according to Kœlliker, due to the production of vacuoles filled with fluid, and situate between the crystalline fibres.

And Chiray remarks, *à propos* of this (op. jam cit., p. 7), De plus, on sait que, dans la cataracte dure, au début, les fibres cristalliniennes s'isolent, se ratatinent, se décrochent, pour ainsi dire, les unes des autres, et laissent aux points où correspondent leurs extrémités des espaces libres que remplit une substance grumeuse.

On ne saurait nier, sinon l'identité,

au moins la grande analogie entre ces espaces interfibrillaires et les vacuoles qui se forment dans les expériences indiquées. He then goes on to note, however, the extreme rapidity of the formation of the one and the extreme slowness of the formation of the other. But this difference, I submit, may be more apparent than real.

Thus he admits that certain forms of cataract are, up to a certain point, *susceptible of resolution*. There are, he says, those slight troubles of the subcapsular epithelial layer that follow irido-choroiditis or traumatism of the crystalline, and also those that occur in the diabetic.

With regard to the cataract of ergotism the fact is admitted. But how

does it come about? Some maintain that it is from deperdition of water from the organism.

It has struck me as remarkable that no one seems to have succeeded in curing cataract with ergot; Mons. Ozanam, for instance. Now, it occurs to me that another, and very plausible, explanation of how the ergotic cataract is brought about may clear this point up. We know that ergot produces spasm of muscular fibres; in ergotism we shall, therefore, get spasmodic contraction of the ciliary muscle and of the choroidal vessels, and consequent obstruction in the apportation of the blood to the part involved. Hence, *Secale* would be only homœopathic to this peculiar variety of cataract, viz., when spasm

causes it, and when the spasm still exists.

Production of Cataract from Imbibition of the Aqueous Humour.—The following very instructive case of M. Forarini may be found in Chiray (p. 18) :—

A young labourer was hit with a very small fragment of steel filing, which penetrated into the substance of the capsule of the lens, and this is what was observed: For the space of a month this fragment remained quietly lodged in it, without causing the least visual trouble. At the end of this period a small perforation in the capsular cicatrix was observed, and M. Forarini was able to follow, step by step, the *development of a cataract from aqueous imbibition*. For more than a month the alteration only

propagated itself in the peripheral cortical layers. Little by little it extended to the deeper layers, and it was only then that the region surrounding the metallic splinter was seen to be disturbed in its state.

The gist of M. Chiray's work is to prove that cataract is due, very frequently, to atrophy of the choroid and to choroiditis. No one can gainsay his facts, but his reading of them is another matter ; to me he seems to have fallen into the usual error of letting a younger brother *descend* from an elder brother. Just as some persist in saying that English is derived from German, whereas the two languages are separate branches of a common stem.

So is it, I submit, with choroiditis,

atrophy of the choroid, and cataract; neither is from the other, but all have their origin in the general constitutional state.

The most positive knowledge in regard to the etiology of cataract is that resulting from Kunde's experiment with salt; we know certainly that the lens may become cataractous from a too great loss of fluid.

Speaking anatomically, the lenticular opacities, *i.e.*, cataracts, are different according to whether the nucleus or the cortex is involved. There is a difference between the nucleus and the cortical substance.

First, with regard to the kernel, or nucleus, we see that it becomes hard, dry, and brittle; in colour, yellow,

rusty, or yellow-brown, but still retaining a certain degree of transparency. If a cataractous nucleus is analysed it is found that it is composed of concentric layers in which the several fibres cannot be separated from one another. If the nucleus is broken asunder, the fracture-surface is found to be irregular. Sometimes the lens fibres have become as if broken, and then an amorphous granular mass is imbedded in it, and this splits it up. The nucleus of the lens becomes broader and thinner the older the individual. In the *débris* of a cataractous lens there are found particles of fibres, molecules of fat, and cholestearine. The entire process, therefore, consists in a disintegration of the lenticular sub-

stance with chemical changes, the lens at the same time containing less water; in fact, it is atrophy of the lens, starting originally from phakitis. There is at first a proliferation of the capsular epithelial cells, and the new elements drive the lens fibres asunder. Then these neoplastic cells degenerate, and thus render the lens opaque. (Tetzer.)

I must pass over the various kinds of cataract, except just giving a list of them from Tetzer; their names are to some extent descriptive of them. They are: Cataracta accreta, aridosiliquata, capsularis, complicata, corticalis, cystica, fluida, glaucomatosa, gypsea, hypermatura, immatura, incipiens, intumescens, lactea, lenticularis, matura, membrana-

a, Morgagni, nigra, nucleolaris, perinuclearis, polaris, pyramidalis, secundaria, simplex, spuria, traumatica, and umularis.

It must be obvious that many of these varieties can only be recognised after the cataract has been extracted, so they will help us but very little in a therapeutic sense.

I will revert to the Hahnemannian pathology subsequently.

I have thus stated how I came to believe in the possibility of curing cataract with medicines; then I have brought together a certain number of mœopathic cures of cataract, together with the opinions of some eminent

homœopathic practitioners on the subject; after this I have given a very short account of the biology of the lens, and added thereto a rough sketch of its characteristics when diseased.

Now I propose to take the reader for a little ramble into the general medical literature of the eye, and see what certain eye-surgeons say on the subject of the medicinal curability of cataract. After that I purpose giving my own further very limited experience on the same subject, and then I will conclude with a few observations and remarks on psora as bearing upon it.

My object is to get and to give an all-round view of the subject, so that we may know the ground upon which we stand.

CHAPTER IV.

FACTS AND OPINIONS CONCERNING
THE CURABILITY OF CATARACT FROM
GENERAL MEDICAL LITERATURE.

I MAY begin by saying that the great mass of oculists utterly ridicule the idea of curing cataract with medicines ; they nearly all forget that no number of negative facts can do away with one single positive fact. Moreover they appear to ignore the very important point that *they* are incompetent to judge of the subject. Why? *Because they* (as a rule) *never try to cure cataract with medicines.* If they were to do this in a careful, PER-

SEVERING, scientific way, for a sufficient length of time, with a sufficient variety and number of cases, *then* they could give an opinion on the subject that would be worth having. But this they have not done. I give them all honor for their surgical knowledge and operative skill, but I cannot see what they can possibly know about the curability of cataract with medicines since they do not try to cure it medicinally. *That* they should just give—*solatii causa*—a tonic, or a bitter, or a little mercury, (or *much* of it for the matter of that!) or iodine cannot reasonably be called a fair trial.

The fact is, a dexterous operator cannot, in the nature of things, be ever a fair judge, inasmuch as his fingers itch

too much for the knife, so that he has not the requisite *patience* in order to give medicines a full and fair trial.

But to my task.

1. *Carlsbad*.—It is an admitted fact that certain cataract patients who have gone to Carlsbad and used the waters, have returned cured of their cataract. This is well known in the Vienna school, and not denied. Yet I never heard of a single Vienna oculist sending a patient with cataract to Carlsbad with a view to its cure; I believe it never strikes them, so accustomed are they to hear that cataract can only be cured with the knife.

2. Tetzner says (p. 268), "It is very remarkable, but cataract *does* sometimes get well without operation."

3. Curtis ("A Treatise on the Physiology and Diseases of the Eye, containing a new mode of curing cataract without an operation;" London, 1833), who was aurist to George IV., was very decidedly in favour of the medicinal treatment of cataract.

Amongst the *causes* of cataract he reckons exposure to great heat, as cataract seems common to forgemmen, glassblowers, and blacksmiths; strong liquors; sour wines; rice diet; and sudden application of cold to the extremities.

Speaking of cystic cataract, which is usually consequent on concussion, he says: "Cases of this kind, more frequently than any others, get well *without an operation.*"

Then, speaking of traumatism (p. 115), he says: "A spontaneous cure of cataract takes place in those cases where an injury, which has caused the cataract, has also so ruptured the lens and its capsule, that its solution and absorption take place by the agency of the aqueous humour. In other more rare cases, where the lens has become detached from its connections, in consequence of disorganisation of the vitreous humour, and fallen from the axis of vision, a spontaneous cure has also happened. M. Boyer mentions an interesting case of a gentleman, who, after twenty-five years' blindness, his eye having been considered unfit for an operation, suddenly had his sight restored when walking along the street; the detachment of

the lens above described having taken place at its upper half, by which it waved to and fro in the eye.

He continues (p. 116), . . . "The late Mr. Ware communicated an account of the dissipation of cataract to the Medical Society of London, in 1789 and 1790; and in his "Chirurgical Observations" he states, that since the preceding communications were read to the Society, he had had occasion to attend *a considerable number of cases* in which an opacity of the crystalline humour was produced by violence done to the eye; and *in most of these the opacity was dissipated, and the sight restored*, during the external application of æther.

His treatment consists in the use of alteratives, aperients, and then, "after

the chronic inflammation is subdued, the "cataract" is to be touched every morning with a solution of *potassa cum calce*, beginning with a weak solution, and increasing it gradually." He probably means to touch the "eye," to stimulate it. He also made use of antiphlogistics and counterirritants.

He then says . . . "Some practitioners recommend, that when a cataract is newly formed, we should wait until it is fit to be operated upon. On the contrary, I think we should use every means in our power to dissipate it as speedily as possible after it has made its appearance." Some of this author's cases were evidently *not* cataract.

4. Jonathan Wathen ("A Disserta-

tion on the Theory and Cure of the Cataract ;" London, 1785), has no faith in the cure of cataract other than by operation ; but quotes (p. 30) some few cases of spontaneous cure. He also adds that he has reason to believe that some cases of incipient cataract have been arrested, and others really diminished, by the external application of electricity and æther ; and at the same time taking the æther internally.

5. C. G. Guthrie, formerly Assistant Surgeon to the Royal Westminster Ophthalmic Hospital, in his work (" On Cataract," etc. ; London, 1845), says (p. 53) . . . " It is a fact, however, that cures (of cataract) have been completed by the operations of nature, etc." Then


again . . . "The possibility of the recovery of the transparency of the lens, after it has become partially opaque, must be admitted."

Also, speaking of his father (p. 51), he says . . . "Mr. Guthrie admits, however (our author is arguing *against* the curability of cataract by any then known medicinal means), that he has seen, in the course of his long experience in diseases of the eye, some very few cases in which incipient cataracts or commencing opacities *disappeared in one eye*, after operating on the other, *and in two cases after suppuration* of the eye-ball of the *other eye* from accidental causes." Finally (p. 52), "In some few instances, the extraction of the cataract from one eye seemed to have caused the removal of

the commencing opacity in the other; but in all these instances the opacity was never central, but was commencing from the circumference."

It seems to me that the very unwilling admissions on the part of Mr. Guthrie, Sen. and Jun., are extremely important as demonstrating the *possibility* of a resolution of cataract *by nature herself*. And if *unaided* nature can sometimes do it, why not nature *aided* with appropriate remedies?

The thought occurs to me also that the suppurative process may have afforded nature a means of ejecting some *materies morbi*, and this done, the remaining eye recovered in consequence. This idea is borne out in many of the cases treated homœopathically.



6. I will next quote from "A Treatise on the Diseases of the Eye, and their Remedies," &c., by Geo. Chandler, Surgeon ; London, 1780.

On p. 164 is mentioned the case reported by Fabricius Hildanus "of a cataract arising in one night's time from an incessant weeping for some days before."

This does not seem impossible, when we consider the etiology of some pathogenetic cataracts.

On p. 165 he says : Dr. Buchan affirms that he has himself resolved a recent cataract, by giving the patient frequent purges with calomel (we note the *dictum* of Boerhaave, *cataractas mercurius solvit*), keeping a poultice of fresh hemlock constantly upon the eye, and a perpetual blister upon the neck.

Platner strongly recommends the juice of live millepedes.

Sauvages extols the white henbane as a specific in this case. These are his words : " Usus extracti hyoscyami albi quotidianus, a triente grano incipiendo, et sensim augendo, quamdiu, nulla est œsophagi nariumve siccitas, est egregium et ferme unicum remedium quod cata-ractam resolvat, ut pluribus observationibus compertum habeo. Presbyter ea affectus in oculo dextro, post octo dies quibus hoc medicamine usus est, quo intervallo, ad tria grana pervenit, jam minutos librorum characteres legere valet, qui prius non nisi maximos perspiciebat ; chrySTALLINUS, prius albus, jam subcaeruleus evasit et subpellucidus, suffusio myodes qua laborabat evanuit, fames

autem et somnus, prius languentes, vigent maxime. Ab hoc medicamine alumi vidimus a D. *Coulas* etiam curatum, cujus chrystallinus omnino diaphanus evasit."

We shall come to Hemlock again.

7. I go now to "Leçons sur la cataracte professées à l'hôpital Saint Louis, par Em. Foucher;" Paris, 1868, and read:—

Gentlemen, What are we to think of the medicinal treatment of cataract?

In olden times they used to believe in the possibility of curing cataract by purely medicinal means.

Goudret, in a memoir that he published in support of the treatment of cataract with revulsives, cites a certain

number of cures. These cases of cataract refer, no doubt (*How* do you know, Foucher ?), to false or accidental cataract in their incipency. These opacities being almost always from an inflammatory cause, *may be dissipated*, Mirault, of Angers, *has demonstrated*, extinguishing with antiphlogistics a revulsives the inflammation that engenders them.


Having made this admission to the partisans of the medicinal curability of cataract, we may say that the tentative still made by them every day, to again render the crystalline transparent (*How* do you know, M. Foucher ?), are fruitless.

Within the last few years M. Sperin of Turin, tried puncturing the vitreous body, but soon abandoned it.

Can we stop an incipient cataract in its onward march?

M. Cusco, in his researches on the nutrition of the crystalline, demonstrated the intimate connection existing between the vitality of the lens and that of the choroid by shewing that "*when the latter became morbidly affected the crystalline was modified in its nutrition, and turned opaque. To arrest the progress and even the formation of cataract by curing the choroiditis was the practical deduction drawn from the ingenious discovery of M. Cusco. But, unhappily, we possess no efficacious therapeutic means against choroiditis.*"

Then, according to M. Foucher, cataract is due to inflammation of the choroid, and if we had any sure means of



curing choroiditis we should at once arrest the onward march of every such cataract. So we not only cannot cure cataract, but we also cannot cure an inflamed choroid, and so we are altogether helpless! Or shall we, perhaps, “perform an operation for the extraction of the choroid”? Granted that a regular panophthalmitis, in a dyscratic individual, is a terrible thing to deal with, still I cannot admit that we do not know how to quell an ordinary choroiditis. It is an odd choroiditis that will not yield to rigid diet, scientific homœopathy and hydro-pathy. The hydropaths tell many an instructive tale of “incurable” cases of ophthalmitis that had gone on their weary months, aye years, with *Nitras Argenti* and *Hydrargyrum cum—stupiditate*.

9. My readers will remember that *Conium maculatum* occurs very frequently in the prescriptions of the narrators of the homœopathic cures of cataract which I have given in a former part of this little work. If they possess Störk's monographs on *Cicuta* (ANTONII STÖRK, Medici Viennensis et in Nosocomio civico Pazmariano Physici ordinarii, LIBELLUS, quo demonstratur: CICUTAM non solum usu interno tutissime exhiberi, sed et esse simul remedium valde utile in multis morbis, *qui hucusque curatu impossibiles dicebantur*. Vindobonæ, 1760), they will see it was so used in pre-homœopathic days, and that notwithstanding its "impossibility." Störk knew no *impossible* in therapeutics on the *ipse dixit* of the

superlatively sapient, who ween themselves in
 own endeavours to be the full extent of
 the possible. Störk cured *bonâ fide* cases
 of cancer and cataract with Conium;
 of that there can be no reasonable
 doubt. If you doubt, my sceptic reader,
 peruse his books; they are about in
 old bookstalls. I will only give his
 cataract cases. The italics are mine.

Casus Decimus Octavus.

In viro quinquagenario, ex *cataracta*
in ambobus oculis caeco, et in meo noso-
 comio ex acuta convalescente, pilulae
 hae (that is, of Conium) *tantum effece-*
runt, ut intra duos menses non modo
solus ambulare, sed et objecta, et colores
potuerit distinguere. (P. 92, Cap. ii.)

Casus Decimus Nonus.

Virgini, 22 ann., *ex incipiente in utroque oculo cataracta*, visus adeo debilis factus est, ut jam citra summam adtensionem *vix amplius sola incedere potuerit*.

Ex usu autem harum pilularum *intra binos et dimidium menses cataractae penitus dispulsae sunt, et visus adeo bonus rediit, ut jam fila per subtilissimarum acuum foramina ducat, et neat accuratissime*.

Dominus *Leber* hanc Virginem ad *Illustrissimum* VAN SWIETEN adduxit, ut *Ipse* historiam audiret, et videret effectum.

I am specially glad Störk sent the girl to *van Swieten*, as we thus have the case verified by the highest medical authority then existing in Europe.

In the *Corollaria* to the First Monograph, Cap. iii., Corollar. 14 et 15, p. 105, are these epitomes. 14) Visum, cataracta nondum inveterata, demtum, quandoque restituit. 15) Incipientes cataractas aut solvit, aut earum progressum saltem impedit.

10. In the following year, 1761, Antonius Störk published his *LIBELLUS SECUNDUS, quo confirmatur: CICUTAM, &c.*

We note from the title that from being only the Hospital Ordinarius, he is now Imperial Court Physician in Vienna.

On p. 154 we read : *Casus Vigesima Septimus: Operarius, qui ab anni fere spatio cataractam in oculo sinistro habuit*

solo usu cicutae et decocto bardanae
spatio trium et dimidii mensium curatus
est.

Omni decimo quarto die datum fuit
purgans.

Per sex septimanas quotidie drach-
mam unam et dimidiam extracti cicutæ
assumpsit.

Ultimo autem mensa drachmas duas.

Usu cicutae hicce homo *non tantum*
visum recuperavit integerrimum ; verum
et longe robustior factus est, et *liberaba-*
tur simul a suis doloribus rheumaticis
quibus per totum corpus jam ab octo
annis *ad omnem temporis mutationem*
excruciabatur.

Possibly this additional information,
relating to the collateral cure of this
patient's rheumatic pains in the whole

body, that he had had eight years *at every change of weather*, may sometimes be useful in the homœopathic differential drug diagnosis for the treatment of cataract. We cannot afford to do without the aids *ex usu in morbis*, especially on this comparatively new ground.

In the *Supplementum* to the foregoing we read further :—

Corollarium Sextum. (P. 39.)

Cicuta subinde fundit cataractas, aut eorum progressum impedit.

Et hac ratione visum conservat, aut auget, aut perditum restituit.

Störk's remarkable success with conium in cancer, scrofula, and some of the worst forms of *cutaneous* affections is not a little noteworthy.

11. In Krebel's "Volksmedizin und Volksmittel verschiedener Völkerstämme Russlands;" Leipzig, 1858, p. 159, it is noted that, in certain parts of Russia, burnt sugar,* vitriol, and pounded glass are reputed remedies for cataract. The Grusians strew the powder of the kernels of a certain kind of cherry (die Cornelius-Kirsche) into the eye for the purpose of curing cataract.

Also in Russia they make use of the gall of the sturgeon and the gall and the blood of the partridge. Also an injection of a solution of soap.

They likewise make use of the *Succus Chelidonii majoris* dropped into the eye. We have seen that Buchmann

* We have seen that sugar causes Cataract.

cites two cures of cataract with Chelidonium ; Dr. Berridge's case has also been quoted, and likewise my own case.

12. Plenck in his "Lehre von den Augenkrankheiten;" Vienna, 1788, p. 197, says : Drugs are not often capable of curing cataract, but people have lauded the internal use of the extract of Aconite, of the black Pulsatilla, of the white Hyoscyamus, with Mercurius dulcis. The juice of Millepedes, and Theden's tincture of antimony. Thus I (Plenck) gave a man, who had a cataract of the left eye for three months, eight drops of this tincture night and morning, with such a good result, that already on the fourth day he could again distinguish large objects.

Cataracts due to a certain acridity

seem more amenable to treatment, so I recommend you to try mercury in venereal cataract, the bark with Conium in the scrofulous, and in the arthritic the extract of Aconite with antimony.

13. I now pass on to the excellent work entitled, "On the Cure of Cataract," etc., by Hugh Neill, Surgeon to the Liverpool Eye and Ear Infirmary; London, 1848, where may be read (p. 22) these words:—"Cases, no doubt, have occurred, but they are assuredly rare, in which Cataract has been cured by the use of drugs. Recourse may be had to such means at the beginning, where the object is—to remove constitutional irritation—to restore the secretions, and to improve the tone of the digestive organs. Local

applications, too, are of concurrent use."

14. Victor Stoeber also observes, that in such cases antimonials, and affecting the system with mercury, is the practice of some ; and in addition to Aconite, Arnica, Belladonna, and above all, Pulsatilla, the last being administered in doses varying from five to twenty-five grains of the extract." (In Neill.)

Then Neill adds condemnatory remarks, and concludes very characteristically in these words :—"And as to Pulsatilla, whether experimented with in *infinitesimal* or less scrupulous doses, I equally recommend being left to an undisturbed place in the Quixotic Pharmacopœia of Homœopathy."

Now, above, the same writer says :—
“ Cases, *no doubt*, have occurred, but they are assuredly rare, *in which cataract has been cured* by the use of drugs.” Hence it transcends my comprehension why the drug treatment of cataract should be condemned on the same page. Oh ! prejudice, *thy* optic opacity is indeed a thousandfold worse than the hardest cataract, and oh ! how *senile* withal. To purge such a visual ray would require more euphrasy and rue than could be found on the whole globe.

15. I might thus continue to multiply instances from ophthalmological literature, but it would serve no useful end ; so let me conclude with the “ Treatise upon a New, Expeditious, and Safe Method of


Treating Cerebro-Sensorial Affections, particularly Amaurosis and Cataract, by which the Cataract is removed without operation." By Louis François Goudret. London and Paris, 1840.

Goudret gives some twenty cases of amelioration or cure of cataract without operation. They are for the most part undoubted cases of true cataract, and clearly demonstrate that cataract *can* be cured by derivatives, revulsives, and counter-irritants, and therefore without operation.

His treatment is rough, painful, and slightly disfiguring, but it cures without operation, and better. It consists essentially in cupping, and the application of his ammoniacal pomade and some general treatment with diet.

In cases in which Homœopathy had failed either wholly or in part, we might have recourse to it; and in those cases in which Homœopathy had at first been beneficial, and then the cataract seemed at a standstill, I should not shrink from a trial of dry cupping and the gentle use of his pomade. Then would recur to the more radical and scientific homœopathic treatment. And to give an occasional stir-up to a very hard cataract, Goudret's treatment might be useful.

Having thus wandered a little in, and culled from, the literature of cataract, and considered also the nature and seat of the opacity and the histogenesis of the



of the lens and of its capsule, it now only remains for me to give a little more of my own experience, which is neither special nor large, and then some general notions on its treatment, as they are present to my mind.

CHAPTER V.

THE following case is, I think, although not very successful, interesting :—A lady, æt. 64, widow of a staff officer, has resided many years in India. She has cataract of both eyes these four years, worse of the right. Previously to the discovery of the cataract she had slept for four years in a room lined with an arsenical wall paper. In this room

she lay with diseased kidneys for nine months. She dreads an operation, and has already received mercury, iodide of potash, sulphate of zinc, and borax either topically or internally.

The opacity of the right lens has a stellate appearance. There is constant and great photophobia, and much secretion and morning agglutination.

The treatment was begun with *Nux Vomica* 3, and *Sulphur* 30. This was in June, 1876.

July 22. Eyes more comfortable. To take *Bell.* 2, and *Lith. Carb.* 3 trituration.

Sept. 12. General health decidedly improved. To bathe the eyelids with a weak infusion of *Calendula*, and take *Zinc. Mur.* 3.

Sept. 30. *Calc. Carb.* 3 trit.

Nov. 21. Sight and everything decidedly better. *Arnica* 6, and *Gelseminum* 6.

Dec. 12. *Santon.* 3.

Feb. 12th, 1877. Improvement in sight; can see better to read and write. *Zinc. Cyan.* 3.

March. *Euphrasia off.* ϕ .

April 25. The painfulness after dinner and on first waking is gone. Sight better. On examining with the ophthalmoscope one can see only very slight opacity of left lens; that of the right is whitish and opaque in its upper and outer portion.

Rep. and *Phos.*, 30.

June 5. More pricking in the eye and more secretion. *Arnica Montana*, ϕ .

July 5. Sight better, but pain worse.
Glonoin and *Euphrasia*.

Aug. 9. The edge of the opacity
seems a little less defined. *Acid. Oxal.*, 2x.

Sept. 24. Eyes very painful. *Calc.*
Mur., 30.

Jan. 12th, 1878. *Ferrum Phos.* 6 trit.

Feb. 7. *Kali Chlor.* 6 trit.

March 7. *Nat. Mur.* 6 trit.

April 10. Eyelids look much better,
not being so inflamed, and the secretion
is far less. Rep.

May 15. Worse. *Kali Chlor.* 6.

June 20. No better. *Santonin*, 3 trit.

Sept. 25. Slight indications of gout
in big toe. *Nat. Mur.* 30.

Dec. 28. No better. *Puls. Nutt* 1.

Feb. 5, 1879. No better. *Aurum*
fol. 1 trit.

March 11. Eyelids dreadfully bad ; they smart very much, as if they contained pepper. *Zinc. Sul.* 3 trit.

April 25. Eyelids as sore as ever. *Lith. carb.* 3.

May 29. *Calc. Mur.* 30.

July 12. Eyelids better. *Elaps. Cor.* 6.

This is the sum of three years' treatment, and is certainly not very encouraging. Still, I think the *cataract* is arrested, but the eyelids continue very troublesome.

I intend next trying a high dilution of *Arsenicum* to see if it will antidote the old arsenical poisoning which persistently resists medication, and the *locus minoris resistentiæ* once established by the arsenicism seems fed by the gout.

Could the chronic arsenical ophthalmia tarsi be got rid of, and some good reaction to the periphery be obtained, a good result may yet be looked for. Patient's general health is very good.

I give this case to show the immensely difficult task before me, and to try to get at the real truth, since I am neither desirous of deceiving my own mind nor the minds of others.

My next case was an aged lady treated at the Wirral Homœopathic Dispensary; I gave her many medicines during a considerable period, and did her no good at all.

OBS. IV. Mrs. —, æt. 66, came first under observation at the beginning of March, 1877. For eight years previously her sight had been failing, and 12 months before coming from Scotland to consult me, she was examined by Dr. Argyll Robertson, of Edinburgh, who diagnosed double cataract, that of the left eye advanced, and less so that of the right. She has an elder brother with cataract that began at about the same age as did hers.

She has photophobia ; great dimness of vision ; objects do not seem distinct ; cannot see anything at a distance ; things at times appear double ; her dimness of vision is unquestionably increasing.

I examine the eyes with the ophthal-

moscope and note that the opacities are stellate in both eyes, that of the left much larger. Pupils react well to light; very slight *arcus senilis*; is breathless on going upstairs; suffers from flatulence; flushes readily; gets severe spasms at odd times over the stomach; has had erysipelas of the head and face six times, the first time more than forty years ago, and the last time three or four years ago; has hæmorrhoids; often gets indigestion.

R Tc. *Aurum Muriaticum* 3 x. One drop at bed time.

April 14. Better in *general health*, but the eyes are no better except that work does not strain them so much.

R *Glonoin* 2 and *Iodium* 2.

May 16. Still better in general health; *fancies* she sees better.

To continue the medicines.

June 14. "I am thankful to say I *do* feel a shade of improvement in these bright sunny days. I *used* to feel the sunshine very blinding; *but within the last fortnight I have felt my vision clear for distant objects.*"

To continue the medicines.

September 1. "I feel thankful to say I *do* feel a shade better, can discern objects more clearly."

To continue the medicines.

October 24. "I am *not* sensible of further improvement, but am *better in general health.*"

R *Hydrastis Canadensis* 1ʳ.

November. ".; about my eyes—I am thankful to say I feel a little improvement, *objects are clearer.*"

To continue the medicine.

January 16, 1878. Much the same.

R *Ferrum Phosphoricum* 6 trituration.
Six grains night and morning.

March 9. Has been reduced by a bad attack of bronchitis.

R *Acidum Nitricum* 1. Three drops in water three times a day.

April 26. "*I feel my eyes stronger; the improvement in my sight is apparent.*"

To continue the medicine.

May 22. Much the same. *Natrum Muriaticum* 6 trit.

July 3. No worse.

R *Santonin*. 3 trit., grana vj.

September 20. "Have taken two lots of the powders (= 72); no change. But after I had taken some seven of the powders AN ERUPTION CAME OUT ON MY ARMS AND SHOULDERS."

R Tc. *Pulsatilla Nuttalliana* 1. Two drops in water forenoon and afternoon.

December 13. "I have continued the 'drops,' which I procured at Mr. Pottage's in Edinburgh, and am glad to say they have done me good; I do feel less of dimness and see things clearer than for some time previous. . . . I do feel hopeful the cataract is being checked, as I am feeling my sight better than it was six months ago. P.S.—My *general health is very good*: I have scarcely had a headache since I came under your treatment."

To continue the medicine.

February 17, 1879. Is continuing to improve, but reminds me that she is very deaf these many years.

R Tc. *Elaps. Cor.* 6.

April 22. "I am glad to say the drops have really done me good ; my eyes seem *clearer* and I am *quite sensible of improvement*. Shall be in Edinburgh next week, and can get what you prescribe while there from Mr. Pottage. We have had a very severe winter, but I have kept well, and the longer experience makes me more convinced that the homœopathic medicines agree very well with my constitution."

To continue the medicines.

June 27. "I have again exhausted my little bottle I got filled when in

Edinburgh, and feel thankful to be able to say *my eyes are wonderfully improved*; I am more sensible of this by the last medicine than I have felt by former drops or powders, and my constitution seems in good order considering my years."

To continue the medicine.

September 5. "It is two months since I wrote to you; my eyes are wonderfully improved, sometimes I can read a little without the aid of my spectacles; I feel my constitution to be in a very healthy state; I am free of all headaches, and stomach and bowels in good order."

As this lady has been taking medicines now for about two years and a half, and is so well in her general

health, and the sight evidently not only vastly improved but *still improving*, I advise abstention from all medication for a time.

I have given the extracts from this lady's letters, and thus my readers can judge for themselves. I have not seen her since the commencement of the treatment. I call attention to the appearance of the eruption, to the lady's age—now nearly 69—to the fact that her brother has also cataract, and to the vast improvement in her *general health*.

Cataract is a constitutional complaint, and we must treat the person, not the cataract. Thus in this case my first prescription was given for the *heart symptoms*, and it is very evident that

the Aurum really benefited the *heart*, and that was the first step up the therapeutical ladder.

As far as I know, an *advanced* cataract of eight years' growth, does not thus behave between the ages of 66 and 69 when let alone.

November, 1879. The report runs—
“My hearing is no better, but *my eyes continue well*, my sight is *wonderfully strong*.”

OBS. V. Gentleman of high position, 59 years of age, has cataract of right eye, left eye doubtful; his mother had double cataract; 47 years ago an apple hit his *left* eye and permanently injured it; thus more work has been thrown on right eye.

When looking at the moon, or a candle, he sees a disc of red.

May, 1877. R. *Arnica Montana*, 1.

June 20. Has an impression that the *left* eye (which was injured) is a *little improved*.

To continue with the *Arnica*.

This gentleman did not consult me again; he seemed vexed because I would not give him any positive prognosis, and announced his intention of going to his eye surgeon again; and as I know the latter spends his spare time in laughing at Homœopathy, there is no difficulty in guessing the result of the interview.

I never give a positive prognosis as to the curability of any given case of cataract, as I have no sufficient data to

go by; I simply say, Try, and *if we fail* you can *still* have recourse to an operation.

OBS. VI.—Maiden lady, æt. 49, came under treatment on January 13, 1878, for cataract. Had taken a great deal of *Platina* 3x in 5 grain doses night and morning for many months! The first day of taking it, it gave her a congestive headache. This I mention as it *may* have had something to do with the lenticular opacities.

Her symptoms were these:—Both upper lids swollen, the left worse; the right eye was the first affected, and is, perhaps, the more misty of the two, but in the left eye there is an appearance of

white transparent threads, and when inflamed a crescent-shaped band like a flame seems to cross it below the lids, but does not remain ; the eyes are often inflamed, especially the left one ; there are heat, soreness, and sometimes itching ; the eyes are better at the sea-side.

R *Ferum Phos.* 6 trit. In 6 grain doses three times a day.

Feb. 10. "Have felt stronger ; the bowels more regular the first week, but less so the week following. The halo I used to see around a candle flame has almost disappeared, but seems to have given place to a somewhat greater mistiness ; there is also less dread of light, less aching, and less inflammation, so

that on the whole the eyes are decidedly stronger."

R Trit. 6 *Nat. Mur.*

July 5. "My eyes are much stronger and better in every way."

Pergat.

August 5. "Altogether I am in much better health; the eyes are much stronger, can see distant objects better."

She perspires a good deal in the head.

R *Calc. Carb.* 6 trit.

She subsequently informed me by letter that her vision was very materially improved; she could see distant objects better; from her sitting-room window she could clearly distinguish objects far

down an opposite street. She is not desirous of further treatment.

OBS. VI. Case of cataract in an elderly gouty gentleman, in whom the *Iodide of Potash* A trit. has *decidedly* improved the sight. He is still taking it.

OBS. VII. Case of cataract of both eyes in middle-aged gentleman. It began three years ago.

General symptoms.—Great liability to catch cold ; considerable lachrymation ; profound sleepiness after dinner ; dry pain in eyes. These symptoms determined me to give him *Natrum muriaticum*, 6 trit., 6 grains in water twice a day. *All* those symptoms promptly

disappeared, and he continues to take the medicine these many months on his own responsibility; hence it may be presumed that he is getting better.

OBS. VIII. Young lady, about 25 years of age, double cataract these three years, perhaps congenital; the right eye has been pricked by Dr. —.

General Symptoms.—Perspires in the hands a good deal; menses scanty, slightly painful; renal sphere normal; alvine function tardy; hands and feet go to sleep, dead, yellow, numb.

R *Pulsatilla Nuttal.* 1. Three drops in water three times a day.

This was in September, 1878.

Oct. 18. Bowels now quite regular ;
perspires less in the hands.

Pergat.

Nov. 28. Hands do not often perspire now ; sight *in statu quo*.

R *Puls.* 3.

Dec. 30. Headaches better ; menses more free than formerly.

R *Pil. Sul.* 30.

Jan. 30th, 1879. No difference, except that her headache is worse.

R *Cina Anth.* 1.

February 26th, 1879. " Stronger and stouter than before treatment ; mamma and my sisters think I can see with the affected eye better than I could, but I feel doubtful of it myself."

To continue the medicine.

April 15. "Can see to read better, but cannot see any better at a distance; the operated eye is not so serviceable as it was."

To continue the remedy.

June 20. "Do not know whether it is the clear sun or the medicine, but I see better; I am afraid it is the sun; my general health is now perfect."

R Trit. 6. *Calc. Fluor.*

August 1. No further change.

R Pil. *Silicea Terra* 30.

Continues under treatment.

This case looks promising, but time must show.

OBS. IX. Lady, married, 38 years of age.

HISTORY. Has lived a number of years in South America, and there suffered from inflamed eyes. Returned to England in May, 1876, after an absence of twelve years. On returning consulted Mr. Shadford Walker, of Liverpool, for the inflamed eyes; he examined the eyes with the ophthalmoscope and found cataract of right eye. He cured the inflammation and said the cataract must be left alone. Saw Mr. Critchet at the beginning of August, who said it would probably progress very slowly.

Has been under Dr. Drysdale, of Liverpool, with benefit for her general health.

PRESENT STATE. Left pupil larger than the right; has always been weak

in the right side of the body ; there is opacity of the right lens, though not very extensive. She cannot see well ; has always been myopic ; wears glasses ; cannot see so well with the right eye as with the left ; has always a mist before the right eye.

Has considerable pain in the right side for the past twelvemonth ; before that, suffered for a year from dysentery ; pain in the right hip ; pain also in and around the right ovary. Menses rather too frequent ; is very slightly hæmorrhoidal ; ankles swell towards night, the right one more than the left.

R Tc. *Chelidonium Majus* 3.

November 18, 1876. No change. To go on with the *Chelidonium*.

November 23. The pain in the right

side is very much better ; it is worse when she breathes ; suffers very much from heart-burn.

R Tc. *Phosphorus* 1.

December 8. Much better in general health ; the pains in the right hypochondrium, right hip, and right ovary, very much better ; she feels stronger.

R Trit. 3, *Natrum Sulphuricum*.

January 9, 1877. Still has pain in the right side, but it is less severe ; the right eye is very uncomfortable ; dreadful heartburn ; is very cold ; worse in wet weather.

R Trit. B. *Iridin*.

February. Is now *quite* well in general health, but the mist before the right eye is no better.

R Trit. 4. *Acidum Oxalicum*.

April 27. Feels tolerably well; eye no better. At times gets acute attacks of pain in the right side. Is recommended at such times to take the tincture of *Chelidonium* 1.

R Tc. *Euphrasia* 6.

June 20. The eye is worse, it feels uneasy, and is getting more dim; the pain in the side very bad; mouth dry and parched; tongue covered with a thick orange-coloured fur.

R Trit. B. *Iridin.* and *Phosph.* 1.

July 24. Eye better; many symptoms of the hydrogenoid constitution.

R Trit. 5. *Natrum Sulphuricum.*

October 24. The urine is very turbid; there is very much pain in the uterine sphere.

R Tc. *Solidago Virga Aurea* 1^x and Tc. *Viburnum Opulus* 1.

May 28, 1878. The eyes water a good deal. *Natrum muriaticum* 30.

June 15. Pil. *Sanguinaria Canadensis* 6, one before each meal.

About this period, but whether before taking the *Sanguinaria* or after, I unfortunately cannot ascertain, AN ERUPTION CAME OUT ALL OVER THE BODY, IN PATCHES, ITCHING VERY MUCH, worse on the inside of the thighs, legs, and arms and chest. It was an erythematous eruption and lasted only a few days.

August 14. *Natrum Sulphuricum* 4 and Pil. *Calcarea Carbonica* 30.

March 4, 1879. The pain in the right side is now observed only at rare intervals; eyes decidedly better; the

lower lid of the right eye twitches a good deal.


To take *Dulcamara* 3. Four drops in water at bedtime for two months.

After writing this prescription, and while engaged in some general conversation, I noticed that my patient's eyes watered a little, and that she used her handkerchief to wipe them. There was no epiphora, but the eyes seemed to get brimful, and that apparently caused her to desire to clear them; perhaps the fluid interfered with vision. This lady had read, or heard about, my little monograph on "*Natrum Muriaticum*," and was telling me of a friend to whom salt is a positive poison; I then said, "Are *you* fond of salt?" and learned to my astonishment that she was ex-

tremely partial to it, *being in the habit of putting salt into her drinking water after sweet pudding!* She also informed me that her tears were *very salty*.

I then remarked that salt had been known to cause cataract in some of the lower animals, and recommended only a moderate use of this condiment.

I did not see this lady again till the second of September, 1879, and then only casually, when she informed me that the *haziness before the right eye disappeared six months or more ago*. Now she sees quite clearly with it, the only difference between the two eyes being that on closing the left eye and looking with the right one, and then reversing the process, she notices that she can see more distinctly with



the left one, but she remarked that that had always been the case. The eyes do not water, and there seems no reason to continue the treatment as patient complains of nothing and looks exceedingly well. There was no time to make an ophthalmoscopic examination of the eyes as she was hastening to catch a train, but she has promised to call at her convenience to enable me to do so. If she calls before this goes to press, I will add the result. But as the haziness was no doubt caused by the cataract, and as the haziness is gone, it is pretty sure that the cataract has likewise disappeared. With the naked eye, one can detect nothing abnormal.

It will be noted that the treatment

began in October, 1876, and I may add that it was continued under the most unfavourable circumstances; nursing sick relations and severe pecuniary losses from an earthquake in South America, circumstances tending to lower the vitality and therefore not conducive to therapeutic success.

With this I close my record of cases for the present. Now I will merely add a few concluding remarks on Psora.

CHAPTER VI.

PSORA AS BEARING ON CATARACT, FROM
A THERAPEUTIC STANDPOINT.


THE expression *Psora* means different things to different minds. In the Hahnemannian historico-pathological case-taking it plays a most important part. Here its true appreciation is of the utmost significance and of incalculable range.

Psora may not, perhaps, express an absolute truth, *but it is of extreme practical worth*. It must not be regarded as synonymous with the *acarus* disease, although that may be, possibly, included in it. As far as I understand the

subject, it has not any more to do with scabies than with eczema, psoriasis, rhagades, phthisis, or cancer ; but psora is the soil in which these weeds thrive, the psoric individual is their appropriate host.

Those who ridicule the Hahnemanian doctrine of psora, believing it to be synonymous with the acarus malady, are right and wrong : right in refusing to subscribe to the teaching of such identity merely, but wrong in supposing that Hahnemann ever taught so. At least I cannot see that he does so in the original.

The mucous membrane in its entirety and the common integument must be looked upon as homologous : what is on one to-day may appear on the other



to-morrow, and conversely. Metastases from the one to the other are most frequent. Both are dermoido-epithelial structures; and, for me, psora means a constitutional crisis that manifests itself as a disorganisation of some portion or portions of these homologous structures, whereby we may have ITCHING when it is on the outside.

We have seen that the lens is *differentiated* skin, a dermoido-epithelial structure; and hence cataract may well be conceived as being a metastatic, or primitive, psoric expression. This I conceive to be the *Hahnemannic Pathology* and *Etiology of Cataract*. On this line cataract IS curable with medicines. Further, I submit that this is pretty clearly demonstrated in quite a number

of the cases of cure that I have cited and narrated.

It is vague, I admit; neither would I maintain that it is an absolute truth; it certainly requires reading of books *and of nature*, and some reflection withal. But the willing mind, with fertile receptivity and docility, may in this wise get behind, and beyond, and under many otherwise inscrutable forms of disease, and he will be thus often enabled to *cure* what, from any other standpoint, *seems* hopelessly incurable.

It would lead me too far (and this is not the place), were I to attempt to follow this up and to elaborate it. *À une autre fois.*

I have, myself, obtained more insight into the doctrine of psora in working at

this "Curability of Cataract with Medicines" than I ever before could; the light—crepuscular only as yet—is, nevertheless, better than the darkness of despair.

To my critics I have only to say—
*"Censeurs savants, je vous estime tous ;
Je connais mes défauts mieux que
vous."*

THE END.

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BY THE SAME AUTHOR.

critical reader, is the way I have wandered in my search after truth as it is in nature; from it I am forced against my will to admit the existence of a something in drugs that becomes operative by trituration. What it is I do not know; what you call it I do not care. *Mack's nach, aber mach's besser.*"—*The Chemist and Druggist*.

"This is a most charming little work, but its small size is no criterion of its value, as we consider it one of the most important contributions to homœopathic literature which has appeared for a long time. The doctrine of the dynamization of medicine by trituration is, as we all know, one of Hahnemann's theories which he promulgated to explain the power of infinitesimal doses of substances which, in the crude state, are inert, or nearly so, as curative agents. In the present day, it is the fashion to consider it one of the 'errors' of the great master, and very few men are found to express their belief in it, or to do other than permit it to be laughed at. It is a theory which is very difficult of proof, on account of the many sources of fallacy which may present themselves in the investigation. To the solution of this question Dr. Burnett addresses himself. He begins by stating in the most unbiassed and philosophical manner the elements in the inquiry which are necessary for attaining an indubitable result, and he keeps clearly before his mind, and points out to his readers, the various sources of error possible in drawing a conclusion. As the medicine which affords the best means of testing the truth of the doctrine of drug dynamization, he chooses *natrum muraticum*, which, as common salt, is an article of our daily food. He brings forward twenty-five cases of cure of maladies of long standing, by means of the sixth centesimal trituration. These cases are admirably recorded, and most of them are completely convincing not only as to the cure, but as to the *nat. mur.* being the only means of the cure. In all these cases, salt was a part of the daily diet, and, in one case, an extra teaspoonful and a half had been taken for a year, on a friend's recommendation. We should like to have quoted one or two of these cases, but we should thereby be doing injustice to Dr. Burnett, since it is not one case, or two, that will carry conviction, but the collective array of evidence The thoroughly philosophical tone, the quiet, unbiassed argument, and the quaint pithy style of the writer, give this book a charm which we have seldom experienced before in the perusal of a medical work. We advise every one of our readers to possess themselves of it, on account of the treat they will have in perusing it, but still more, that their minds may be opened to hear how much of 'latter-day' evidence can be thrown on a most difficult question by an earnest mind ever open to receive the truth, however unlikely it may seem."—*Monthly Homœopathic Review*.

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